SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005740 (5)

1. Corporation Name

ESMOR CORRECTIONAL SERVICES, INC.

Principal Place of Business
275 BROADHOLLOW RD.
SUITE 433
MELVILLE NY 11747

Mailing Address
275 BROADHOLLOW RD.
SUITE 433
MELVILLE NY 11747

3. Date Incorporated or Qualified: 11/04/1994
3a. Date of Last Report: 01/26/1995
4. FEI Number: 11-3182580 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 1819 Main Street
Suite, Apt #, etc
22 Suite 1000
City & State
23 Sarasota Fl
Zip
24 34236
Country
25 Sarasota

2a. Mailing Address
26 1819 Main Street
Suite, Apt #, etc
27 Suite 1000
City & State
28 Sarasota Fl
Zip
29 34236
Country
30

9. Name and Address of Current Registered Agent

METZ, STEPHEN W
215 S. MONROE ST.
SUITE 701
TALLAHASSEE FL 32302-1876

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SLATTERY, JAMES F	
STREET ADDRESS	5 ASLEIGHT DR.	
CITY-ST-ZIP	ST. JAMES NY 11780	
TITLE	VD	☐ DELETE
NAME	SPEISMAN, AARON	
STREET ADDRESS	11 PRESTON	
CITY-ST-ZIP	SEACLIFF NY	
TITLE	D	☒ DELETE
NAME	~~HORN, ESTHER~~	
STREET ADDRESS	~~135-23 78TH DR.~~	
CITY-ST-ZIP	~~FLUSHING NY 11367~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1819 Main Street, Suite 1000	
1.4 CITY-ST-ZIP	Sarasota Fl 34236	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	621 NW 53rd ST. STE 240	
2.4 CITY-ST-ZIP	Boca Raton, FL 33487	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Chief Financial Officer	☐ Change ☒ Addition
4.2 NAME	Lee Levinson	
4.3 STREET ADDRESS	1819 Main Street, Suite 1000	
4.4 CITY-ST-ZIP	Sarasota, Fl 34236	
5.1 TITLE	Vice President of Finance	☐ Change ☒ Addition
5.2 NAME	Ira Cotler	
5.3 STREET ADDRESS	1819 Main Street	
5.4 CITY-ST-ZIP	Sarasota Fl 34236	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

ESMOR 00 INC.
BATCH # 2207 ENTRY# 7716
P.O. ATTACHED
REVIEW ATTACHED
O.A.C.
ARITHMATIC CHECK
APPROVAL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lee Levinson 7/26/96 DEPT OF July
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

0183383 FP