

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Feb 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000006068 (9)
1. Corporation Name
ESA MANAGEMENT, INC.



Principal Place of Business 500 E BROWARD BLVD SUITE 950 FT LAUDERDALE FL 33394 US	Mailing Address 500 E BROWARD BLVD SUITE 950 FT LAUDERDALE FL 33394-3002 US
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3. Date Incorporated or Qualified 12/13/1995	3a. Date of Last Report 03/28/1996
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2. Principal Place of Business 21 450 E. LAS OLAS BLVD Suite, Apt. #, etc. 22 1100 City & State 23 FT LAUDERDALE FL Zip Country 24 33301 25 US	2a. Mailing Address 26 450 E. LAS OLAS BLVD Suite, Apt. #, etc. 27 1100 City & State 28 FT LAUDERDALE FL Zip Country 29 33301 30 US
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4. FEI Number 36-4029101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD <input type="checkbox"/> DELETE
NAME	JOHNSON JR, GEORGE D
STREET ADDRESS	200 S. ANDREWS AVENUE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	BRANNON, ROBERT A
STREET ADDRESS	200 S. ANDREWS AVENUE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	ASAT <input type="checkbox"/> DELETE
NAME	MOXLEY, GREGORY R
STREET ADDRESS	961 EAST MAIN STREET
CITY-ST-ZIP	SPARTANBURG SC
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME
1.3 STREET ADDRESS	450 E. LAS OLAS BLVD #1100
1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAME
2.3 STREET ADDRESS	450 E. LAS OLAS BLVD # 1100
2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME
3.3 STREET ADDRESS	450 E. LAS OLAS BLVD #1100
3.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 unchanged, or on an attachment with an address.

SIGNATURE: Robert A. Brannon Treasurer **JAN 8 0 1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)