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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F97000004611

ESSIG R	ESEARCH INC.					
Principal Place of Business Mailing Address						FINY BYBYD BUYDY NIBBU IYDD YEDDY
22 CARNEGIE WAY 22 CARNEGIE WAY						
CINCINNATI OH 45246 CINCINNATI OH 45246						
					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualifed 09/02/1997	
Principal Place of Business Za. Mailing Address					4. FEI Number	Applied For
21	26	-		- 31-1373591	- Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip			Countr		8. This corporation owes the current year into	angible
24	25	29 3	0		Personal Property Tax.	☐ Yes 🏋 No
	9. Name and Address of Curi	ent Registered Agent			10. Name and Address of New Registered	Agent
			8.	Name		
HOLZSCHUH, DAVE			8:	Street Add	ress (P.O. Box Number is Not Acceptable)	
17845 THELMA AVE.			"	CHESTABLE		
JUPITER FL 33458			8:	3	-	
		•	84	5 City		85 Zip Code
				1 7	FL	
office or r	edistered agent or both in the Sta	502 and 607.1508, Florida Statutes te of Florida. Such change was aut gations of, Section 607.0505, Florid	norizea b	v ine corborai	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changing its registered ntment as registered
SIGNATURE		water 5			red when reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Rt 12. OFFICERS AND DIRECTORS			13.	ent signature requi	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	DST DELETE		1.1 TITLE	ī	OP .	☐ Change
NAME			1.2 NAME		Joseph P. Daly 820 Farmbrook Dr.	
STREET ADDRESS	0000 174 1840 1100 11		1.3 STRE	ET ADDRESS (6820 Farmbrook Ur.	
CITY-ST-ZIP	CINCINNATI OH 45230		1.4 CITY-	ST-ZIP (Principate OH 45230	
TITLE	DELETE 2.1 T		2.1 TITLE			☐ Change ☐ Addition
NAME	}		22 NAME	:		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CiTY-ST-ZIP		2.		ST-ZIP		
ΠτLE	DELETE 3.1		3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME	: [
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition

CITY-ST-ZIP 14. I 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 if changed, or on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

☐ DELETE

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Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90189 035 ***150.00

☐ Addition

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