

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J08025 (5)

1. Corporation Name  
E.S. UNLIMITED, INC.



Principal Place of Business  
10258 RIVERSIDE DRIVE  
SUITE 6  
PALM BEACH GARDENS FL 33410  
US

Mailing Address  
957 LAUREL RD  
NO. PALM BEACH FL 33408

3. Date Incorporated or Qualified 04/08/1986 3a. Date of Last Report 05/01/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 10258 RIVERSIDE DR		26 10258 RIVERSIDE DR		65-0074338		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 City & State		28 PALM BEACH GARDENS, FL		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
33410		USA		33410		USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

STEPHENS JR., EARL  
957 LAUREL RD.  
NO PALM BEACH FL 33408

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P STEPHENS JR., EARL	1.1 TITLE	Change Addition
NAME	957 LAUREL RD.	1.2 NAME	
STREET ADDRESS	NO. PALM BEACH FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Change Addition
TITLE	V MACARI, STEPHEN J.	2.1 TITLE	Change Addition
NAME	9694 VIXEN CIRCLE	2.2 NAME	
STREET ADDRESS	BOYNTON BEACH FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Change Addition
TITLE	T LUOMA, CHRISTOPHER N.	3.1 TITLE	Change Addition
NAME	253 HAWTHORNE DRIVE	3.2 NAME	
STREET ADDRESS	PALM SPRINGS FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Change Addition
TITLE	S STEPHENS, DIANE M	4.1 TITLE	Change Addition
NAME	4535 SE BECKETT	4.2 NAME	
STREET ADDRESS	STUART FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Change Addition
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Change Addition
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Change Addition

S DIANE STEPHENS  
957 LAUREL RD.  
NO. PALM BEACH, FL. 33408

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

Date

407-775-1887

Daytime Phone

CR2E034 (12/95)