

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 3:59

DOCUMENT # J40350

(7)

1. Corporation Name

ESSEX INVESTORS, INC.

Principal Place of Business

5250 N.W. 85TH AVENUE
LAUDERHILL FL 33351

Mailing Address

5250 N.W. 85TH AVENUE
LAUDERHILL FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/30/1986

3a. Date of Last Report
02/04/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
50-2734728

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, WILLIAM F., SR
399 PALMETTO PK RD.W.
SUITE 402
BOCA RATON FL 33432

81 Name Thomas S. Olesiewicz
82 Street Address (P.O. Box Number is Not Acceptable)
2101 NW Commercial Blvd - Suite 400
83
84 City Fort Lauderdale FL FL 85 Zip Code 33309

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 of officer or director of corporation and the registered agent (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD
NAME	OLESIEWICZ, THOMAS S.
STREET ADDRESS	5250 N.W. 85TH AVENUE
CITY - ST - ZIP	LAUDERHILL FL
TITLE	VD
NAME	MITCHELL, WILLIAM F., SR
STREET ADDRESS	399 PALMETTO PK RD W.
CITY - ST - ZIP	BOCA RATON FL
TITLE	VTD
NAME	MITCHELL, WILLIAM F., JR
STREET ADDRESS	399 PALMETTO PK RD W.
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 907, 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

Thomas S. Olesiewicz

PRESIDENT

2/17/95 (305) 781-5555
DATE

Signature of