

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

FILED  
Apr 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K66862 (9)  
1. Corporation Name  
ESU, INC.

Principal Place of Business 413 N. FEDERAL HWY POMPANO BEACH FL 33062 US	Mailing Address 413 N FEDERAL HWY POMPANO BEACH FL 33062 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/20/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0107172	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SETTLER, STEPHANIE 413 N FEDERAL HWY POMPANO BEACH FL 33062				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 607.0506, 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	NAME	SETTLER, STEPHANIE	1.1 TITLE		Change	Addition
STREET ADDRESS			413 N FEDERAL HWY	1.2 NAME			
CITY-ST-ZIP			POMPANO BEACH FL	1.3 STREET ADDRESS			
TITLE	D	NAME	JOSEPH UDELL	1.4 CITY-ST-ZIP			
STREET ADDRESS			413 N FEDERAL HWY	2.1 TITLE		Change	Addition
CITY-ST-ZIP			POMPANO BEACH FL	2.2 NAME			
TITLE	D	NAME	ELAINE UDELL	2.3 STREET ADDRESS			
STREET ADDRESS			413 N FEDERAL HWY	2.4 CITY-ST-ZIP			
CITY-ST-ZIP			POMPANO BEACH FL	3.1 TITLE		Change	Addition
TITLE		NAME		3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		NAME		4.1 TITLE		Change	Addition
STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STREET ADDRESS			
TITLE		NAME		4.4 CITY-ST-ZIP			
STREET ADDRESS				5.1 TITLE		Change	Addition
CITY-ST-ZIP				5.2 NAME			
TITLE		NAME		5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY-ST-ZIP			
CITY-ST-ZIP				6.1 TITLE		Change	Addition
TITLE		NAME		6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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.

SIGNATURE:

*[Signature]*

3/2/98 254-7869323

CR2E034 (10/97)