

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K79391

(4)

1. Corporation Name

ESSEX AGENCY OF FLORIDA, INC.



Principal Place of Business

Mailing Address

% UNITED CORPORATE SERVICES INC.
801 NORTHEAST 167TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33162

% UNITED CORPORATE SERVICES INC.
801 NORTHEAST 167TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/11/1989

3a. Date of Last Report

10/10/1995

4. FET Number

13-3515591

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

10. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES INC.
801 NORTHEAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

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 the filer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE
NAME

VP
ALBRIGHT, THOMAS E
60 MAY DR.
CHATHAM NJ

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

T
LANTHIER, ELIZA M
147 RARITAN RIVER RD.
CALIFON NJ

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

VPS
ZYTOWICZ, GREGORY G.
86-11 135TH STREET
RICHMOND HILL, NY.

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

CD
CROWE, KEVIN E
168 E. 74TH STREET
NEW YORK N.

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

P
CUNNINGHAM, GERALD G.
1125 PONTI RD.
NAPA CA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

STREET ADDRESS
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 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

Gerald G. Cunningham 3/4/96 (707) 258-5000

Date

Daytime Phone #

CR2E034 (12/95)