

**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 # L08682

1. Corporation Name  
ESHA, INC.

Principal Place of Business Mailing Address  
140 Royal Palm Way Same  
Ste. 206  
Palm Beach, FL 33480

3. Date Incorporated or Qualified 08/11/89 3a. Date of Last Report 03/15/95

2. Principal Place of Business 2a. Mailing Address  
21 140 Royal Palm Way 26 140 Royal Palm Way  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Ste. 206 27 Ste. 206  
City & State City & State  
23 Palm Beach, FL 28 Palm Beach, FL  
Zip Country Zip Country  
24 33480 25 Palm Beach 29 33480 30 Palm Beach

4. FEI Number 65-0138741 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  
Thomas J. Skola  
801 Brickell Avenue  
14th Floor  
Miami, FL 33131

10. Name and Address of New Registered Agent  
81 Name Peter W. Mettler  
82 Street Address (P.O. Box Number is Not Acceptable) 140 Royal Palm Way,  
83 Ste. 206  
84 City Palm Beach FL 85 Zip Code 33480

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 Peter W. Mettler DATE 3/11/96

12. OFFICERS AND DIRECTORS

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | S                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | Thomas J. Skola     |  |
| STREET ADDRESS | 801 Brickell Avenue |  |
| CITY-ST-ZIP    | Miami, FL           |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> DELETE            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                              |  |
|--------------------|------------------------------|--|
| 1.1 TITLE          | PSD                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Earl Shannon                 |  |
| 1.3 STREET ADDRESS | 140 Royal Palm Way, Ste. 206 |  |
| 1.4 CITY-ST-ZIP    | Palm Beach, FL 33480         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.1 TITLE          |                              |  |
| 2.2 NAME           |                              |  |
| 2.3 STREET ADDRESS |                              |  |
| 2.4 CITY-ST-ZIP    |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.1 TITLE          |                              |  |
| 3.2 NAME           |                              |  |
| 3.3 STREET ADDRESS |                              |  |
| 3.4 CITY-ST-ZIP    |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.1 TITLE          | 200001777832                 |  |
| 4.2 NAME           | -04/12/96--01013--018        |  |
| 4.3 STREET ADDRESS | ***200.00                    |  |
| 4.4 CITY-ST-ZIP    |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.1 TITLE          |                              |  |
| 5.2 NAME           |                              |  |
| 5.3 STREET ADDRESS |                              |  |
| 5.4 CITY-ST-ZIP    |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.1 TITLE          |                              |  |
| 6.2 NAME           |                              |  |
| 6.3 STREET ADDRESS |                              |  |
| 6.4 CITY-ST-ZIP    |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: Earl Shannon DATE 4/5/96 4079978279

CR2E034 (12/95)

4-11-96