

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
---	---	--

**APPROVED
AND
FILED**

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L28461 (6)

1. Corporation Name

ESI WTE DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
1400 CENTREPARK BLVD STE 600 W. PALM BEACH FL 33401 US	1400 CENTREPARK BLVD STE 600 W. PALM BEACH FL 33401 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/06/1989	3a. Date of Last Report 03/23/1994
4. FEI Number 65-0155597	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 See attached	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Zip	30. Zip

9. Name and Address of Current Registered Agent

**LEON, J E
9250 WEST FLAGLER ST.
MIAMI FL 33174**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 constituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	☐ Change ☐ Addition
NAME	GELBER, LESLIE J	2. NAME	
STREET ADDRESS	1400 CENTREPARK BLVD 600	3. STREET ADDRESS	
CITY- ST- ZIP	W. PALM BEACH FL	4. CITY- ST- ZIP	
TITLE	DT	21. TITLE	☒ Change ☐ Addition
NAME	BARNA, KENNETH G	22. NAME	MC GRATH, ROBERT L
STREET ADDRESS	1400 CENTREPARK BLVD #600	23. STREET ADDRESS	
CITY- ST- ZIP	W PALM BCH FL	24. CITY- ST- ZIP	
TITLE	S	31. TITLE	☐ Change ☐ Addition
NAME	CARPENTER, FRANCES M.	32. NAME	
STREET ADDRESS	1400 CENTREPARK BLVD 600	33. STREET ADDRESS	
CITY- ST- ZIP	N. PALM BEACH FL	34. CITY- ST- ZIP	
TITLE		41. TITLE	☐ Change ☒ Addition
NAME		42. NAME	DV
STREET ADDRESS		43. STREET ADDRESS	BONILLA, LORI J
CITY- ST- ZIP		44. CITY- ST- ZIP	1400 CENTREPARK BLVD #600 W PALM BCH FL
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. 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)(b), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frances M. Carpenter, Secretary

4/15/95

(407) 687-4900