

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 # **L28461** (6)

1. Corporation Name

ESI WTE DEVELOPMENT, INC.



Principal Place of Business

**1400 CENTREPARK BLVD
STE 600
W. PALM BEACH FL 33401
US**

Mailing Address

**1400 CENTREPARK BLVD
STE 600
W. PALM BEACH FL 33401
US**

3. Date Incorporated or Qualified
11/06/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **11760 US Highway One**

2a. Mailing Address

26 **11760 US Highway One**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 600**

27 **Suite 600**

City & State

City & State

23 **North Palm Beach, FL**

28 **North Palm Beach, FL**

Zip

Country

Zip

Country

24 **33408**

25 **US**

29 **33408**

30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **GELBER, LESLIE J**
STREET ADDRESS **1400 CENTREPARK BLVD 600**
CITY- ST- ZIP **W. PALM BEACH FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **11760 US HWY ONE, #600**
1.4 CITY- ST- ZIP **N PALM BEACH FL 33408**

TITLE **DT** ☐ DELETE
NAME **MCCRATH, ROBERT L**
STREET ADDRESS **1400 CENTREPARK BLVD #600**
CITY- ST- ZIP **W PALM BCH FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **11760 US HWY ONE, #600**
2.4 CITY- ST- ZIP **N PALM BEACH FL 33408**

TITLE **S** ☐ DELETE
NAME **CARPENTER, FRANCES M.**
STREET ADDRESS **1400 CENTREPARK BLVD 600**
CITY- ST- ZIP **N. PALM BEACH FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **11760 US HWY ONE, #600**
3.4 CITY- ST- ZIP **N PALM BEACH FL 33408**

TITLE **DV** ☐ DELETE
NAME **BONILLA, LORI J**
STREET ADDRESS **1400 CENTREPARK BLVD. #600**
CITY- ST- ZIP **WEST PALM BEACH FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **11760 US HWY ONE, #600**
4.4 CITY- ST- ZIP **N PALM BEACH FL 33408**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

**100001782981
-04/16/96--01134--014
***200.00**

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:

Frances M. Carpenter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frances M. Carpenter

4/2/96

407-691-3500

Date

Daytime Phone #

CR2E034 (12/95)