

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

FILED
Apr 13 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 # **L28461** (6)
1. Corporation Name
ESI WTE DEVELOPMENT, INC.

Principal Place of Business 11760 US HIGHWAY ONE STE 600 NORTH PALM BEACH FL 33408 US	Mailing Address 11760 US HIGHWAY ONE STE 600 NORTH PALM BEACH FL 33408 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 11/06/1989	
4. FEI Number 65-0155597		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> See Attached			

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	
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GELBER, LESLIE J			1.2 NAME	BOYLAN, PETER D		
STREET ADDRESS	11760 US HWY ONE, #600			1.3 STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408			1.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408		
TITLE	DT	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCCRATH, ROBERT L			2.2 NAME	HATHAWAY, SCOT C		
STREET ADDRESS	11760 US HWY ONE, #600			2.3 STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408			2.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARPENTER, FRANCES M.			3.2 NAME	PONDER, STEPHEN H		
STREET ADDRESS	11760 US HWY ONE, #600			3.3 STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408			3.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408		
TITLE	DV	<input type="checkbox"/> DELETE		4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BONILLA, LORI J			4.2 NAME	TANCER, EDWARD F		
STREET ADDRESS	11760 US HWY ONE, #600			4.3 STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408			4.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: **FRANCES M. CARPENTER, SECRETARY**

2/18/98 (561)691-3500

CR2E034 (10/97)