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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # L65426** 

(3)

ESPRIT SERVICES, INC.

**FILED** 

Mar 10 1997 8:00am

Secretary of State

Principal Place of Business		Mailing Address			ı jabişalı bib eşibi bilir bibin aldır biri bibi bibi bibi bibi bibi bibi bi			
10101 BLCAKBERRY RD 771 DACOMA COURT MIMS FL 32754		10101 BLCAKBERRY RD 771 DACOMA COURT MIMS FL 32754-6217						
US		U\$		3. Date Incorporated or Qualified			eport	
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 59-3000555			plied For at Applicable
Suite, Apt.	#. etc	Suite, Apt. #, etc.						Additional
22		27			5. Certificate of Stafus Desired		Fee Re	
City & State	Ç.	City & State			6. Election Campaign Financing		\$5.00	
<b>23</b>	Country	7 p	Cou	intry	Trust Fund Contribution  8. This corporation has liability for		Added t	
24	25	29	30	·	Florida Statutes	Yes 🖳	No	, , , , , , , , , , , , , , , , , , , ,
<u> </u>	9. Name and Address of Currer		<del> </del>		10. Name and Address of New R	gistered Ag	ent	
GLO	ER, GARY LAWRENCE			81 Name				
	1 BLACKBERRY ROAD			82 Street Add	ress (P.O. Box Number is Not Accepta	ble)		
	S FL 32754			Street Addi	ress (F.O. DOX Number is NOt Accepta	נטוט		
				83			******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				04 05			es   7:0 :	Onda
				84 City		FL i	<b>85</b> Zip (	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stati	ules, the a	bove-named core	poration submits this statement for the	purpose of cl	nanging it	s registered
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was	s authorize	d by the corporal	tion's board of directors. I hereby acce	pt the appoir	itment as	registered
=	m ramiliar with, and accept the bong	jations of, Section 607.0505, i	rionida Sia	iules.				
SIGNATURE	Signature, typical or printed name of tegistered ag	ent and trie if applicable (No	OTE: Registere	d Agent signature requi	red when reinstating)	DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND E	RECTOR	RS IN 12
TITLE	DP	DELETE	1.1 7	ITLE	, , , , , , , , , , , , , , , , , , ,			Addition
NAME	GLOER, GARY LAWRENCE		1.2 N	AME				
STREET ADORESS	10101 BLACKBERRY RD			TREET ADORESS	•			
CITY - \$1 - 21F	MIMS FL			TY-ST-ZIP				
TITLE	DS	DELETE	2.1 1	<del></del>			Change	Addition
NAME	STUART, SHANNA	<del></del>	2.2 N				_ •	
STREET ADDRESS	10101 BLACKBERRY RD		1	TREET ADDRESS				
CITY: ST ZIF	MIMS FL			CITY-ST-ZIP	·			
TITLE		DELETE	31T				Change	Addition
NAME		<b>6</b> —10	321	ŀ		_	- · •-	
STREET ADDRESS			1	TREET ADDRESS				
CITY - ST - Zie*		DELETE	3.4.1 4.1 T	CiTY-ST-ZIP			Change	Addition
NAME		End Deceile		NAME		<u> </u>		
STREET ADORESS				TREET ADORESS				
CITY - ST - ZIP		DELETE		ITY-ST-ZIP		<u>-</u>	Change	Addition
TITLE				ITLE .		Ļ	*1 Airmiñe	L Madrida
NAME				IAME				
STREET ADDRESS				TREET ADDRESS				
CHTY - ST - ZIP		Porter		OTY-ST-ZIP			Change	Addition
TITLE		☐ DELETE	6.1 T			L	T Cuaude	L ADDITION
NAMÉ			6.2 )	IAME				
STREET ADDRESS			6.3 \$	STREET ADDRESS				
CITY - S1 - ZIP			6.4 (	CITY-ST-ZIP				

14. I do 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.

L. Gluer 3/23/97 407349-0811