

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

FILED

Mar 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L89454 (7)

1. Corporation Name  
ESI JONESBORO, INC.

Principal Place of Business  
11760 US HIGHWAY ONE STE 600  
N. PALM BEACH FL 33408

Mailing Address  
11760 US HIGHWAY ONE STE 600  
N. PALM BEACH FL 33408-3029



3. Date Incorporated or Qualified 07/27/1990	3a. Date of Last Report 04/15/1996
4. FEI Number 65-0208754	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	30

9. Name and Address of Current Registered Agent

LEON, J E  
9250 W. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELBER, LESLIE J	1.2 NAME	
STREET ADDRESS	11760 US HWY ONE 600	1.3 STREET ADDRESS	
CITY - ST - ZIP	N. PALM BEACH FL 33408	1.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH, ROBERT L	2.2 NAME	
STREET ADDRESS	11760 US HWY ONE 600	2.3 STREET ADDRESS	
CITY - ST - ZIP	N PALM BEACH FL 33408	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONILLA, LORI J	3.2 NAME	
STREET ADDRESS	11760 US HWY ONE 600	3.3 STREET ADDRESS	
CITY - ST - ZIP	N PALM BEACH FL 33408	3.4 CITY - ST - ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, KENNETH P	4.2 NAME	
STREET ADDRESS	11760 US HWY ONE 600	4.3 STREET ADDRESS	
CITY - ST - ZIP	N. PALM BEACH FL 33408	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTAR, FRANCES M	5.2 NAME	
STREET ADDRESS	11760 US HWY ONE 600	5.3 STREET ADDRESS	
CITY - ST - ZIP	N PALM BEACH FL 33408	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 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.

SIGNATURE: *Frances M. Carpenter* Frances M. Carpenter 2/14/97 561-691-3500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)