FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M63814** **(1)**

1. Corporation Name

ESI DOUBLE "C", INC.

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

3. Date Incorporated or Qualified: **12/18/1987**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 11760 US Highway One	26 11760 US Highway One
Suite, Apt. #, etc. 22 Suite 600	Suite, Apt. #, etc. 27 Suite 600
City & State 23 North Palm Beach, FL	City & State 28 North Palm Beach, FL
Zip 24 33408	Zip 29 33408
Country 25 US	Country 30 US

4. FEI Number: **65-0024937** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEON, J E 9250 WEST FLAGLER STREET 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	CARPENTER, LARRY K		1.2 NAME		
STREET ADDRESS	1400 CENTREPARK BLVD 600		1.3 STREET ADDRESS	11760 US HWY ONE, #600	
CITY-ST-ZIP	W PALM BCH FL		1.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	DV	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	GELBER, LESLIE J		2.2 NAME		
STREET ADDRESS	1400 CENTREPARK BLVD., #600		2.3 STREET ADDRESS	11760 US HWY ONE, #600	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	DP	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HOFFMAN, KENNETH P		3.2 NAME		
STREET ADDRESS	1400 CENTREPARK BLVD 600		3.3 STREET ADDRESS	11760 US HWY ONE, #600	
CITY-ST-ZIP	W PALM BCH FL		3.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MCGRATH ROBERT L		4.2 NAME		
STREET ADDRESS	1400 CENTREPARK BLVD SUITE 600		4.3 STREET ADDRESS	11760 US HWY ONE, #600	
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	S	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	CARPENTER, FRANCES M		5.2 NAME		
STREET ADDRESS	1400 CENTREPARK BLVD 600		5.3 STREET ADDRESS	11760 US HWY ONE, #600	
CITY-ST-ZIP	W PALM BCH FL		5.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	400001784654 ACR -04718/96--01004--003 ***200.00 4-16-96	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 Frances M. Carpenter 3/11/96 (407) 691 3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #