FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY -1 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M63815 (8)

1. Corporation Name
ESI KERN FRONT, INC.

Principal Place of Business	Mailing Address
1400 CENTREPARK BLVD. SUITE 600 WEST PALM BEACH FL 33401	1400 CENTREPARK BLVD. SUITE 600 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/18/1987
3a. Date of Last Report: 03/23/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0024992 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	11 TITLE		☐ Change ☐ Addition
NAME	GELBER, LESLIE J	12 NAME		
STREET ADDRESS	1400 CENTREPARK BLVD #600	13 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	DV	☒ Change ☐ Addition
NAME	CARPENTER, LARRY	22 NAME	CARPENTER, LARRY	
STREET ADDRESS	1400 CENTREPARK BLVD 600	23 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE	T	☒ Change ☐ Addition
NAME	BARNA, KENNETH G	32 NAME	MCGRATH, ROBERT L	
STREET ADDRESS	1400 CENTREPARK BLVD #600	33 STREET ADDRESS	1400 CENTREPARK BLVD, STE 600	
CITY-ST-ZIP	W PALM BCH FL	34 CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	CARPENTER, FRANCES M.	42 NAME		
STREET ADDRESS	1400 CENTREPARK BLVD 600	43 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	44 CITY-ST-ZIP		
TITLE	DP	51 TITLE		☐ Change ☐ Addition
NAME	HOFFMAN, KENNETH P	52 NAME		
STREET ADDRESS	1400 CENTREPARK BLVD 600	53 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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 3/28/95 407-687-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SECRETARY

0242044 CP