5.9-97 B - 6-780 -- 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 # M84921

(9)

ESPROP, INC.

FILED May 09 1997 8:00am Secretary of State

|--|--|

Principal Piac	e of Husiness	Mailing A	Address KETT BLVD	<u> </u>		·						
221 CROCKETT MERRITT ISLAN												
							3. Date Incorporated or Qualified 06/10/1988			3a. Date of Last Report 05/01/1996		
2. Principal F	Place of Business	2a. Maitir	ng Address					l Number		Ap	plied For	
21]		26					5	9-2892972			t Applicable	
Suite Apt. 22		27	, Apt. #, etc.				5. C	ertificate of Status Desired		\$8.75 / Fee Re		
City & Stat	te	City 8	State			<u> </u>		ection Campaign Financing ust Fund Contribution		\$5.00 Added t		
Zip	Country	Ζφ		Cou	ntry		8. Tr	nis corporation has liability for			. 199.032,	
24	25	29		30					7	□ No		
	9. Name and Address of Curr	rent Registered	Agent	·	B 1	Name	10. N	ame and Address of New Re	gistered	Agent		
	OW, GAIL				01	INATHE		and the second of the		<u> </u>		
	CROCKETT BLVD. PRITT ISLAND FL 32953				82	Street Addre	ess (P.O	. Box Number is Not Acceptat	le)			
					83	. 1	- 1 - 1					
				'	84	City			FL	85 Zip (Code	
11 Parenant	to the provisions of Sections 607.0	15(12 and 607 15(98 Florida Stat	utes the el	201/0	named corn	oration 6	uhmits this statement for the r	urnoco c	of changing it	s registered	
office or agent. Its	registered agent, or both, in the Str am familia, with, and accept the ob-						40.0		tine ap	pointment as	regisiered	
					d Ager	nt signature require		nsiating) DITIONS/CHANGES TO OFFIC	DATE	IN DIDECTAL	00 IN 10	
12. Tilli	TP	AND DIRECTORS	DELETE	13.	TI Č		AD	UITIONS/CHANGES TO OFFIC	ZENO AN	Change	Addition	
NAME	SNOW, GAIL W.		C DECENE	1.2 N					1	E change	Find House	
STREET ADDRESS	AAA POPPONE AT					address .	÷.					
CITY 51-2IP	INDIAN HARBOUR BCH FL			1	ITY-ST	1 .						
TITLE			DELETE	2171					~~~ <u>~~</u>	Change	Addition	
NAME				22 N	AME					· .		
STREET ADDRESS				235	rreet .	ADDRESS	4,	A A A A A A A A A A A A A A A A A A A				
CFFY+ST+7iP				2.40	ITY-S	T-ZiP						
1011			DELETE	317	TLE					☐ Change	Addition	
NAME				32 N	3MA	1 1	4					
STREET ADDRESS				3.3 \$	TREET	ADDRESS	ing s				d *	
CITY - ST- 7IP				3.4. 0	ITY - S	T-ZIP						
1011			☐ DELETE	4.1 (TLE					Change	Addition	
NAME				4.21	AME	,						
STREET ADDRESS	.			4.3 Ş	TREET	ADDRESS						
CITY SI-7(5)					TY-\$1				·:			
1911			DELETE	5.1 Ti					4 4 .	Change	Addition	
NAME				5.2 N		1	:		`	•		
STREET ADDRESS				L '		ADORESS						
CHTY - ST - ZIP			T 5= -==		ITY-SI	T-ZIP				77.2		
JITH .			☐ DELETE	6.1 7						Change	Addition	
NAME:				6.2 N		l						
STREET ADDRESS	3					ADDRESS						
City - St - ZIP				640	ITY - SI	r-21P			,			

14. To 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 Flock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



452-0568