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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35046** (4)

1. Corporation Name
ESTHER NETWORK INTERNATIONAL, INC.



Principal Place of Business C/O ESTHER S. ILSKY 2840 FARRAGUT LANE WEST PALM BEACH FL 33409	Mailing Address C/O ESTHER S. ILSKY 2840 FARRAGUT LANE WEST PALM BEACH FL 33409
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3. Date Incorporated or Qualified 09/11/1989	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 65-0196524		

2. Principal Place of Business 21 854 CONNISTON RD Suite, Apt. #, etc.	2a. Mailing Address 26 AS SHOWN ABOVE Suite, Apt. #, etc.
22 City & State 23 W. PALM BEACH, FL	27 City & State 28
24 Zip 33405	25 Country USA

6. 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ILNSKY, ESTHER S.
2840 FARRAGUT LANE
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent 81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE VTD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ILNSKY, WILLIAM N.		1.2 NAME
STREET ADDRESS 2840 FARRAGUT LANE		1.3 STREET ADDRESS
CITY-ST-ZIP W. PALM BEACH FL		1.4 CITY-ST-ZIP
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ILNSKY, ESTHER S.		2.2 NAME
STREET ADDRESS 2840 FARRAGUT LANE		2.3 STREET ADDRESS
CITY-ST-ZIP W. PALM BEACH FL		2.4 CITY-ST-ZIP
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOODWIN, DAISY		3.2 NAME
STREET ADDRESS 11930 HARBOR COVE DR.		3.3 STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ESTHER S. ILSKY RD 4/22/98 561-832-6490

CR2E037 (10/97)