

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 20 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~H93000003815~~
1. Corporation Name
P 93000030991
ESSN INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1403 LYONS ROAD		26 1403 LYONS ROAD		4/28/93	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
				65-0449214	Not Applicable
23 City & State COCONUT CREEK FL		28 City & State COCONUT CREEK FL		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24 Zip 33063		29 Zip 33063		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name	D. SILVERMAN		
				82 Street Address (P.O. Box Number is Not Acceptable)	1403 LYONS ROAD		
				83			
				84 City	COCONUT CREEK	85 Zip Code	33063
					FL		

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: *Dolores Silverman* DATE: 4/27/95

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		11 TITLE	PS	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		12 NAME	Dolores SILVERMAN				
STREET ADDRESS		13 STREET ADDRESS	1403 LYONS ROAD				
CITY, ST, ZIP		14 CITY, ST, ZIP	COCONUT CREEK FL 33063				
TITLE		21 TITLE	VT	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		22 NAME	Harold SILVERMAN				
STREET ADDRESS		23 STREET ADDRESS	1403 LYONS ROAD				
CITY, ST, ZIP		24 CITY, ST, ZIP	COCONUT CREEK FL 33063				
TITLE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		32 NAME					
STREET ADDRESS		33 STREET ADDRESS	000001518950				
CITY, ST, ZIP		34 CITY, ST, ZIP	-06/21/95--01033--005				
TITLE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		42 NAME					
STREET ADDRESS		43 STREET ADDRESS					
CITY, ST, ZIP		44 CITY, ST, ZIP					
TITLE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		52 NAME					
STREET ADDRESS		53 STREET ADDRESS					
CITY, ST, ZIP		54 CITY, ST, ZIP					
TITLE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 my address.

SIGNATURE: *Dolores Silverman* DATE: 4/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR