PROFIT CORPORATION ANNUAL REPORT

1996



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

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P93000040234 (5)

1. Corporation Name **ESW CORPORATION**

					BOLS DONL COUNTRING HOUSE CHIEF SHE STAN			
Principal Plac	e of Business	Mailing Address			anne name dette Afrik Hadd tillt fiftt lifft			
C/O THOM 1318 LAFAY CAPE COR/		C/O THOMAS W. HIL 1318 LAFAYETTE ST. CAPE CORAL FL 339						
				3. Date Incorporated or Qualified 06/01/1993	3a. Date of Last Report 04/03/1995			
21	lace of Business	2a. Mailing Address 26		4. FEI Number 65-04 1243 1	Applied For Not Applicable			
Suite, Apt.	·	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Country	This corporation has liability for it				
24	25	29	30	Florida Statutes				
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R	egistered Agent			
1318 L	Homas W Afayette St. Coral fl 33904-3			- Control of the cont				
11. Pursuant	to the provisions of Sections 607 05	12 and 607 1508 Florida Statut	84 City	oration submits this statement for the purp	FL 85 Zip Code			
or registe familier w	red agent, or both, in the State of Flo th, and accept the obligations of, Se	orida Such change was authorization 607.0505, Florida Statutes	eed by the corporation's bos.	pard of directors. Thereby accept the appo	pose of changing its registered office interest as registered agent. I am			
S/GNATURE	Shippature: typed or profed name of registered ag-							
12.		ND DIRECTORS	OTE: Registered Agent signature requi		DATE			
Tite	DP DELFI			13. ADDITIONS/CHANGES TO OFFICER:				
NAME.	Sauerwein, ernst		12 NAME		Change Addition			
STREET ADDRESS	1318 LAFAYETTE ST.		1.3 STREET ADDRESS					
CITY ST 20	CAPE CORAL FL 33904		•					
THE	STD	□ DELETE	1.4 C/TY-ST-ZIP 2 1 TITLE T	<u> </u>	K Change Addition			
NAME	Sauerwein renate	L *******	2 2 NAME	·				
STEEL LADDRESS	1318 LAFAYETTE ST		2 3 STREET ADDRESS					
CITY - \$1 - ZIP	CAPE CORAL FL 33904		2 4 CITY - ST-ZIP					
TICLE	··· · · · ————————————————————————————	DELETE	· • • · · · · · · · · · · · · · · · · ·	ST	☐ Change ☐ Addition			
NAME		-		HILL, THOMAS W.	C Sample			
STREET ADDRESS				1318 Lafayette St. Cape Coral, Fl. 33904				
Ciliri-Sti-ZiP			34 CITY-ST-ZIP	Cape Coral, Fl. 33	904			
THEE		☐ DELETE	4 1 TiTLE		Change Addition			

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)(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.

4.2 NAME

5.1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5 3 STREET ADDRESS

63 STREET ADDRESS

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SIGNATURE:

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