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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P93000071278 (4)

1. Corporation Name
ESA RECOVERY, INC..

Principal Place of Business Mailing Address

**255 S ORANGE AVE
SUITE 1700
ORLANDO FL 32801**

**255 S ORANGE AVE
SUITE 1700
ORLANDO FL 32801**

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		26		10/14/1993		06/21/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-3209456		Not Applicable	
24 Zip		25 Country		29 Zip		30 Country	
5. 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			
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MELLEN, ROBERT III 255 S ORANGE AVE SUITE 1700 ORLANDO FL 32801				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 re-registering DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, WILLIAM C III	1.2 NAME	
STREET ADDRESS	255 S ORANGE AVE SUITE 1000	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32801	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, JOSEPH E.	2.2 NAME	
STREET ADDRESS	255 S. ORANGE AVENUE, SUITE 1000	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	VPAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLEN, ROBERT L.	3.2 NAME	
STREET ADDRESS	255 S. ORANGE AVENUE, SUITE 1700	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE		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		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		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 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)(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.

SIGNATURE: *Robert L. Mellen* **4/5/95 (407) 843-7860**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Number

PASCOOD 71278

AKERMAN, SENTERFITT & EIDSON, P.A.

ATTORNEYS AT LAW

FIRSTSTATE TOWER
888 SOUTH ORANGE AVENUE
POST OFFICE BOX 231
ORLANDO, FLORIDA 32802-0231
(407) 843-7880
TELECOPY (407) 843-8810

April 5, 1995

Secretary of State of Florida
Division of Corporations
Annual Reports
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: ESA Recovery, Inc.

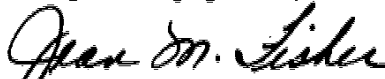
Dear Sir:

Enclosed is the 1995 Corporation Annual Report for ESA Recovery, Inc. along with our check in the amount of \$200.00 to cover the filing fee.

Please acknowledge the filing of this Annual Report and return your acknowledgment to my attention at the above address.

Your attention to this matter is appreciated.

Very truly yours,



Jean M. Fisher
Corporate Paralegal

jmf

Enclosures