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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000072122 (3)

1. Corporation Name

ESI ENGINEERING & CONSTRUCTION CO., INC.

FILED
Apr 15, 1996 08:00 AM
Secretary of State



Principal Place of Business

777 S. FLAGLER DRIVE, SUITE 650 EAST TOWER
WEST PALM BEACH FL 32301

Mailing Address

777 S. FLAGLER DRIVE, SUITE 650 EAST TOWER
WEST PALM BEACH FL 32301

2. Principal Place of Business

21 901 Northpoint Parkway

Suite, Apt., etc.

22 300

City & State

23 West Palm Beach FL

Zip

24 33407

Country

25 USA

2a. Mailing Address

26 901 Northpoint Parkway

Suite, Apt., etc.

27 300

City & State

28 West Palm Beach FL

Zip

29 33407

Country

30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0607 and 607.0608, 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 607.0608, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent

Signature of the person who is the registered agent

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY, ST, ZIP

18 TITLE

19 NAME

20 STREET ADDRESS

21 CITY, ST, ZIP

22 TITLE

23 NAME

24 STREET ADDRESS

25 CITY, ST, ZIP

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY, ST, ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY, ST, ZIP

34 TITLE

35 NAME

36 STREET ADDRESS

37 CITY, ST, ZIP

38 TITLE

39 NAME

40 STREET ADDRESS

41 CITY, ST, ZIP

42 TITLE

43 NAME

44 STREET ADDRESS

45 CITY, ST, ZIP

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not purport to be the information 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of name or address is indicated.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96

407/684-4800

CR2E034 (12/95)