FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000085120

1. Corporation Name
ESEMTO, INC.

Principal Place of Business	Mailing Address
1331 NORTH MILITARY TRAIL W PALM BEACH FL 33409	1331 NORTH MILITARY TRAIL W PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
12/06/1993

2. Principal Place of Business		2a. Mailing Address		4. FEI Number **65-0455393**	Applied For
21		26			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
22		27			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23		28			
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
THONNEY MICHEL 1331 N MILITARY TRAIL W PALM BEACH FL 33409	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 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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	THONNEY, MICHELE		1.2 NAME		
STREET ADDRESS	1497 SE SUNSHINE AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	THONNEY, SACHA		2.2 NAME		
STREET ADDRESS	1497 SE SUNSHINE AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHEL THONNEY ~~SIGNATURE REQUIRED~~ Apr 7 99 (561) 478 41 42

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #