

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

**FILED**  
**Mar 26 1998 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # P94000017043 (8)**

1. Corporation Name

**ESI DIXIE VALLEY, INC.**

Principal Place of Business

Mailing Address

**11760 US HIGHWAY ONE  
SUITE 600  
NORTH PALM BEACH FL 33408**

**11760 US HIGHWAY ONE  
SUITE 600  
NORTH PALM BEACH FL 33408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/02/1994**

4. FEI Number

**65-0477780**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year in arrears  
Personal Property Tax due June 30. ☒ Yes **See Attached**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEON, J. E  
9250 W. FLAGLER STREET  
MIAMI FL 33174**

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 607.0502 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

TITLE ☐ DELETE

NAME **DP  
CARPENTER, LARRY K**  
STREET ADDRESS **11760 US HWY ONE, #600**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ DELETE

NAME **DV  
GELBER, LESLIE J**  
STREET ADDRESS **11760 US HWY ONE, #600**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☒ DELETE

NAME **DT  
MCGRATH, ROBERT L**  
STREET ADDRESS **11760 US HWY ONE, #600**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ DELETE

NAME **S  
CARPENTER, FRANCES M**  
STREET ADDRESS **11760 US HWY ONE, #600**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **DT  
BOYLAN, PETER**  
1.3 STREET ADDRESS **11760 US HIGHWAY ONE SUITE 600**  
1.4 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **AS  
HATHAWAY, SCOT C**  
2.3 STREET ADDRESS **11760 US HIGHWAY ONE SUITE 600**  
2.4 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **AS  
PONDER, STEPHEN H**  
3.3 STREET ADDRESS **11760 US HIGHWAY ONE SUITE 600**  
3.4 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **AS  
TANCER, EDWARD F**  
4.3 STREET ADDRESS **11760 US HIGHWAY ONE SUITE 600**  
4.4 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **D/V  
CARPENTER, LARRY K**

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **D/P  
GELBER, LESLIE**

6.3 STREET ADDRESS

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 15 if changed, or on an attachment with an address.

SIGNATURE: **FRANCES M CARPENTER, SECRETARY**

*Frances M Carpenter* 2/5/98 (561) 691-3500

CR2E034 (10/97)