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May 01 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 # P94000059757

1. Corporation Name

ESTF, INC

Principal Place of Business	Mailing Address
700 S.W. 82 TERRACE Ft. LAUDERDALE FL 33324	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5601 SW 15TH AVE 22 Suite, Apt. #, etc. 23 City & State: Ft. LAUDERDALE FL 24 Zip: 33315 25 Country: USA	2a. Mailing Address 26 27 Suite, Apt. #, etc.: [redacted] 5374 Village RD 28 City & State: Long BEACH, CA 29 Zip: 90808 30 Country: USA	3. Date Incorporated or Qualified: 5/26/94 4. FEI Number: 65-0560627 ☐ 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 Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAW FIRM OF LAWRENCE SAPEGA 343 ALMERIA AVE CHARTERED CORAL GABLES, FL	81 Name: ROBERT TERRY 82 Street Address (P.O. Box Number is Not Acceptable): 1000 SW 12TH AVE #305 83 84 City: Ft. LAUDERDALE FL 85 Zip Code: 33315

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] 4-27-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ☒ DELETE	1.1 TITLE	PD ☒ Change ☒ Addition
NAME	JEROME SAVER	1.2 NAME	ROBERT TERRY
STREET ADDRESS	9940 ROBBINS NEST RD	1.3 STREET ADDRESS	1000 SW 12ST #305
CITY-ST-ZIP	BOCA RATON	1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33315
TITLE	VPSD ☒ DELETE	2.1 TITLE	STD ☐ Change ☒ Addition
NAME	MARTIN SAVER	2.2 NAME	PETER HERN
STREET ADDRESS	9940 ROBBINS NEST RD	2.3 STREET ADDRESS	1000 SW 12 ST #305
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33315
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	

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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 addition.

SIGNATURE: [signature] Peter Hern 4/20/97 562 427-8063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #