

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P9400004 4838
1. Corporation Name

Es-Sarah Inc 1255 Boyd Ave
Principal Place of Business Mailing Address Sarasota FL
34237

3. Date Incorporated or Qualified 4/93	3a. Date of Last Report 6/95
4. FEI Number 650498765	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	1255 Boyd Ave Suite, Apt #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Scranton FL Zip	28	Zip
24	34237	25	Scranton
	Country	29	

9. Name and Address of Current Registered Agent
Howard D. Coshack
4714 Charing Cross Circle
Sarasota FL 34241

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
	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 244 N. Goshak Howard D. Goshak
Signature of the principal (Name, in registered agent's own file) (Type or print)
12 INJURY Registered Agent's Signature (Required when injury claim is made)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		Change	Addition

12 NAME _____ ☐ Change ☐ Addition

13 STREET ADDRESS

14 CITY - ST - ZIP

2 1 TULE

22 NAME ☐ Change ☐ Addition

22 NAME _____

23 STREET ADDRESS _____

23 STREET ADDRESS:

24 CITY ST - ZIP

3 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.2 NAME

33 STREET ADDRESS

34 CITY-ST-71P

[illegible]

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS

STREET ADDRESS

4 CITY-ST-ZIP 10000130000

100001788251 Change ☐ Addition

2 NAME -04/22/96--01025--005
***200.00

3 STREET ADDRESS ***200.00

4 CnTY - SI - ZIP

1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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2 NAME _____ ☐ Change ☐ Addition

3 STREET ADDRESS

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 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 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: Howard Cosha Howard Cosha
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96 954/517

CR2E034 (12/95)