

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

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000067071 (8)**  
 1. Corporation Name  
**ESI SOUTH, INC.**

Principal Place of Business	Mailing Address
2140 N.E. 36TH AVENUE BUILDING #500 OCALA FL 33470	2140 N.E. 36TH AVENUE BUILDING #500 OCALA FL 33470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21		26	10 DORRANCE ST
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	SUITE 505
City & State		City & State	
23		28	PROVIDENCE RI
Zip	Country	Zip	Country
24		29	02903-2008
		30	USA

3. Date Incorporated or Qualified	Applied For
09/13/1994	Not Applicable
4. FEI Number	
59-3266947	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIND, ALBERTA	1.2 NAME	
STREET ADDRESS	7 BAGY WRINKLE COVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WARREN RI	1.4 CITY - ST - ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIND, ROBERT M	2.2 NAME	
STREET ADDRESS	11536 WEST 4A ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	PLYMOUTH IN	2.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREMMEL, RICHARD J	3.2 NAME	
STREET ADDRESS	2140 N.E. 36TH AVE. BLDG. #500	3.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	3.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIND, WILLIAM J.	4.2 NAME	
STREET ADDRESS	7 BAGY WRINKLE COVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	WARREN RI	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGLIACCIO, ROBERT A.	5.2 NAME	
STREET ADDRESS	58 EXCHANGE TERRACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PROVIDENCE RI	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Alberta Wind President 2/2/98 401-854-0440

CR2E034 (10/97)