

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000073191 (6)

1. Corporation Name

ESQUIRE PROPERTIES OF AMERICA, INC.



Principal Place of Business

6743 VIA REGINA  
BOCA RATON FL 33433

Mailing Address

6743 VIA REGINA  
BOCA RATON FL 33433

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, 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

WOLFF, TODD M  
2240 WOOLBRIGHT ROAD STE. 319  
BOYNTON BEACH FL 33426-6325

3. Date Incorporated or Qualified

10/03/1994

3a. Date of Last Report

04/24/1995

4. FLE Number

65-0527487

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Todd M. Wolff

82

Street Address (P.O. Box Number is Not Acceptable)

6743 VIA REGINA

83

84

City

BOCA RATON,

FL

85

Zip Code  
33433

11. Pursuant to the provisions of Sections 607.0102 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

Todd M. Wolff

Todd M. Wolff

3/20/96

12. OFFICERS AND DIRECTORS

| TITLE | NAME          | STREET ADDRESS                | CITY-STATE-ZIP              | <input type="checkbox"/> DELETE |
|-------|---------------|-------------------------------|-----------------------------|---------------------------------|
| D     | WOLFF, TODD M | 2240 WOOLBRIGHT ROAD STE. 319 | BOYNTON BEACH FL 33426-6325 |                                 |
|       |               |                               |                             | <input type="checkbox"/> DELETE |
|       |               |                               |                             | <input type="checkbox"/> DELETE |
|       |               |                               |                             | <input type="checkbox"/> DELETE |
|       |               |                               |                             | <input type="checkbox"/> DELETE |
|       |               |                               |                             | <input type="checkbox"/> DELETE |
|       |               |                               |                             | <input type="checkbox"/> DELETE |
|       |               |                               |                             | <input type="checkbox"/> DELETE |
|       |               |                               |                             | <input type="checkbox"/> DELETE |
|       |               |                               |                             | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME        | 13 STREET ADDRESS | 14 CITY-STATE-ZIP     | 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY-STATE-ZIP | 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY-STATE-ZIP | 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY-STATE-ZIP | 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY-STATE-ZIP | 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY-STATE-ZIP |
|----------|----------------|-------------------|-----------------------|----------|---------|-------------------|-------------------|----------|---------|-------------------|-------------------|----------|---------|-------------------|-------------------|----------|---------|-------------------|-------------------|----------|---------|-------------------|-------------------|
|          | WOLFF, TODD M. | 6743 VIA REGINA   | BOCA RATON, FL. 33433 |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |
|          |                |                   |                       |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |
|          |                |                   |                       |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |
|          |                |                   |                       |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |
|          |                |                   |                       |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |
|          |                |                   |                       |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |
|          |                |                   |                       |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |
|          |                |                   |                       |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |
|          |                |                   |                       |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |
|          |                |                   |                       |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |          |         |                   |                   |

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(9)(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:

Todd M. Wolff

TODD M. WOLFF

3/20/96

407-750-9939

CP2E034 (12/95)