FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000018573 (2)**

1. Corporation Name

ESW ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% ROGER J. MCDONALD. P.A. 1218 E. ROBINSON ST. ORLANDO FL 32801	% ROGER J. MCDONALD. P.A. 1218 E. ROBINSON ST. ORLANDO FL 32801

3. Date Incorporated or Qualified: 03/07/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 3727 Vineland Rd
22: Suite, Apt. #, etc:
23: City & State: Orlando, FL
24: Zip: 32821
25: Country: USA

2a. Mailing Address
26: 3727 Vineland Rd
27: Suite, Apt. #, etc:
28: City & State: Orlando, FL
29: Zip: 32821
30: Country: USA

4. FEI Number: 59-3325516 ☐ 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

9. Name and Address of Current Registered Agent

MCDONALD, ROGER J
1218 EAST ROBINSON ST.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: STAN Winston
82 Street Address (P.O. Box Number is Not Acceptable): 3727 Vineland Rd
83:
84 City: Orlando **FL** 85 Zip Code: 32821

11. Pursuant to the provisions of Sections 607.0505 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: Stanley Winston — STAN WINSTON — DATE
(Signature, Typed or printed name of registered agent and title if applicable) (Typed or Printed Name of Registered Agent, required when manually signing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST WINSTON, ELLEN % 1218 EAST ROBINSON ST. ORLANDO FL 32801 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DPST Winston, Ellen 3727 Vineland Rd Orlando, FL 32801 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition Bank deposit $200.00

CR2E034 (12/95)

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)(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: PRESIDENT — 6/12/96 — 407-649-0024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #