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 #

1. Corporation Name

SIGNATURE:

P95000022728 (6)

langed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ESEYCE, CORPORATION

202,0				
Principal Place o	f Business	Mailing Address		. (1881/83) 116 (818) 8111 8811 8811 8811 8811 8811 881
400 SURFSIDE BLVD. 400 SURFS SURFSIDE FL 33154 SURFSIDE				
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/23/1995
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number OCC Applied For
1		Suite, Apt. #, etc.		\$9.75 Additional
2 27		h		5. Certificate of Status Desired Fee Required
		Oity & State		Election Campaign Financing Trust Fund Contribution Added to Fees
Zψ	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.032,
4	25	29	30	Florida Statutes 🗗 Yes 🗌 No
	9. Name and Address of Cui	rrent Registered Agent	81	10. Name and Address of New Registered Agent Name
1 4202	MARTA M			Name
	RFSIDE BLVD.		82 S	Street Address (P.O. Box Number is Not Acceptable)
SURFSIDE FL 33154			83	
			84 (City 85 Zip Code
				amed corporation submits this statement for the purpose of changing its registered offi
familiar with,	, and accept the obligations of, S gradue, typed or protect manified registered a	Section 607.0505, Florida Statute	IS. IOTE: Registered Agent sig	signature required when reinstaing: DATE DATE
12.	D	AND DIRECTORS [] DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAM1	SOSA, MARTA M		1.2 NAME	
STREET ADDRESS	400 SURFSIDE BLVD.		1.3 STREET ADD	ADDRESS
City-St-ZiP	SURFSIDE FL 33154		1.4 CHTY - ST - Z	-ZIP
14fcF		DELFTE	2 1 TIFLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			23 STREET ADD	ADDRESS
City St. Zif:		FIREE	2 4 CITY - ST - Z	
NAME.		[] DEFELE	3 1 TETLE 3 2 NAME	Change Addition
STREET ASORESS			3.3 STREET AD	ADDRESS
CH1+S1-ZiP			3 4 CHTY - ST - Z	
11T. F		[] DELETE	4. 1 TeTLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADD	ADDRESS .
CITY-ST ZIP			4.4 CITY - ST - Z	- 2IP
111,1		[] DEFEIF	5 1 TITLE	☐ Change ☐ Addition
NAMe			5.2 NAME	
STECLE ADDRESS			5 3 STREET ADI	
CITY - ST - ZHP		ב מנוניי	5 4 CITY-ST-Z	
Til.f		[] DELETE	6 1 TITLE	Change Addition
NAME CINCLI ADDDEED			6.2 NAME	Manager
STREET ADDRESS			63 STREET ADD	
City-St-ZiP 14. I do hereby	certify that the information suppli	ied with this fiting is votuntarily fur	64 City-St-Z	not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that the oath; that I a	he information indicated on this a am an officer or director of the co	annual report or supplemental an	nual report is true a ee empowered to e	e and accurate and that my signature shall have the same legal effect as if made under be execute this report as required by Chapter 607, Florida Statutes; and that my name

Daytime Phone #