PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000064977 (8)

ESA INVESTMENT, INC. Principal Place of Business Mailing Address **801 BRICKELL AVENUE 901 BRICKELL AVENUE** 24TH FLOOR 24TH FLOOR **MIAMI FL 33131** MIAMI FL 33131 3. Date Incorporated or Qualified 3a. Date of Last Report 08/22/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For One Financial Plaza One Financial Plaza 65-0602098 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 100 SE 3rd Ave., 17 Fl Fee Required 100 SE 3rd Ave., 17 Fin City & State Ft. Lauderdale, FL City & State Ft. Lauderdale, FL 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 23 This corporation has liability for intangible tax under s 199.032, Florida Statutes XI Yes No Countr Ζip Country 33394 33394 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 American Information Services, Inc. Street Address (P.O. Box Number is Not Acceptable) AMERICAN INFORMATION SERVICES, INC. 82 **801 BRICKELL AVENUE** SE 3rd Avenue 83 24TH FLOOR 27th Floor MIAMI FL 33131 85 Zip Code City Miamı 33131 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 tills if applicable. (NOTE Registered Agent signature required when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. XX X ELETE Change XX Addition TITLE 1. 1 TITLE Steven R. Berrard NAME BERRARD, STEVEN R 1.2 NAME 200 SOUTH ANDREWS AVENUE, 6TH FLOOR STREET ADDRESS 1.3 STREET ADDRESS 100 SE 3rd Ave., 17th Floor FORT LAUDERDALE FL 33301 CITY-ST-ZIP 1.4 CITY - ST - ZIP Ft. Lauderdale, FL 33394 DELETE Addition Addition 2.1 TITLE TITLE DELORES ATKINSON 2.2 NAME NAME 100 SE BID AUE, 1774 FLOOR 2.3 STREET ADDRESS STREET ADDRESS 33394 FT. LAUDERDALE FL 2 4 CiTY - ST - ZiP CITY-ST-ZIF ☐ Change DELETE Addition 3 1 HitE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CiTY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change ■ Addition 4.1 TIBLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP 300<u>001817366</u> DELETE Addition TITLE 5.1 TITLE -05/08/96--01006--006 5.2 NAME NAME ***200.00 5.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 5.4 CITY-S1-7IP □ DELETE Criange Addition 6.1 TiTLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZiP 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 directly of the corporation or the receiver 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:

DELORES

ATKINSON

4/26/46

954-627-5100

Daylinto Phone

CR2E034 (12/95)