

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 # **P95000064977 (8)**

1. Corporation Name

ESA INVESTMENT, INC.



Principal Place of Business

Mailing Address

**801 BRICKELL AVENUE
24TH FLOOR
MIAMI FL 33131**

**801 BRICKELL AVENUE
24TH FLOOR
MIAMI FL 33131**

3. Date Incorporated or Qualified

08/22/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **One Financial Plaza**

26 **One Financial Plaza**

4. FEI Number

65-0602098

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **100 SE 3rd Ave., 17 Fl**

27 **100 SE 3rd Ave., 17 Fl**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 **Ft. Lauderdale, FL**

28 **Ft. Lauderdale, FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **33394**

25

29

30 **33394**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
801 BRICKELL AVENUE
24TH FLOOR
MIAMI FL 33131**

81 Name **American Information Services, Inc.**
82 Street Address (P.O. Box Number is Not Acceptable) **1 SE 3rd Avenue**
83 **27th Floor**
84 City **Miami** FL 85 Zip Code **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

Signature, typed or printed name of registered agent and filed if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERRARD, STEVEN R	
STREET ADDRESS	200 SOUTH ANDREWS AVENUE, 6TH FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Steven R. Berrard	
1.3 STREET ADDRESS	100 SE 3rd Ave., 17th Floor	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33394	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DELORES ATKINSON	
2.3 STREET ADDRESS	100 SE 3RD AVE, 17TH FLOOR	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33394	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	300001812378	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-05/08/96--01006--006	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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: *Delores Atkinson* **DELORES ATKINSON** Date: **4/24/96** Daytime Phone #: **954-627-5100**

CR2E034 (12/95)

440 7-96