## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Mar 14 1997 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000068459 (3)

ESGATE & ASSOCIATES, INC.

Principal Place of Business Mailing Address							J H
1291 SOUTH HAWASSEE APARTMENT 154 ORLANDO FL 32835		1294 SOUTH HAWASSEE APARTMENT 154 ORLANDO FL 32835-5728					
				3. Date Incorporated or Qualified 3a. Date of Last Report 09/06/1995 04/18/1996		Report	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied Fo		pplied For
21		26		13-3739665	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	7	Additional	
22		27				Fee R	equired
City & State		City & State	<del></del> )		6. Election Campaign Financing		May Be
Zip Country		28	Zip Country		Trust Fund Contribution		to Fees
<b>¬</b> ¬ "		<del></del>	30		8. This corporation has liability for in Florida Statutes	nlangible tax undor s ] Yes  ፟፟ █ No	3. 199.032,
9. Name and Address of Curre		29 nt Registered Agent			10, Name and Address of New Registered Agent		
=00			8.	Name		<del></del>	
	ATË, PATRICIA ANN			Otro et d'alai	200 0 1		
	SOUTH HIAWASSEE		82 Street A		ddress (P.O. Box Number is Not Acceptable)		
	RTMENT 154 ANDO FL 32835		83	1			~ ~ <del>~</del>
UNU	ANDU FL 32033						
			84	City		FL  85   Z/p	Code
11. Pursuant office or r	to the previsions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607,1508, Florida Statu of Florida. Such change was ations of, Section 607,0505, F	ites, the above authorized b lorida Statuto	ve-named cor by the corpora es.	poration submits this statement for the pition's board of directors. I hereby accep	urpose of changing it the appointment as	ts registered registered
SIGNATURE	Signature: typed or printed name of regulated agr				ired when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	1.1 11100			☐ Change	Addition
NAME	ESGATE, PATRICIA ANN		1.2 NAM[				
STREET ADDRESS	1294 South Hiawassee, Ap	artment 154	1.3 STREE	1 ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32835	[ ] DOLESC	1,4 CITY -	ST-7IP	·		T Again
TITLE		LJ DOLFTE	24 10Lf			L] Change	Addition
NAME			2.2 NAME	3 4000000			
STREET ADDRESS			1	1 ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2. 4 CHY- 3.1 TO LE	S1-ZIP		Change	Addition
NAME	{	23 511112	3.2 NAME	,		onungo	, addition
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			3.4. CITY				
TITLE		DELFTE	4.1 TILE	51-20		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			1	I ADORESS			
City-St-ZIP			4.4 CITY-				
TATLE		DELETE	5.1 TITLE			Chango	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRLE	I ADDRESS		•	
CITY-ST-ZIP			5 <b>4</b> CHY-	\$1 - 7IP			·- <u> </u>
TITLE		☐ DELET€	6.1 TOLE			☐ Change	Addition
NAME			6 2 NAME				
STREET ADDRESS		,	6 3 STREE	1 ADORESS			
CITY-ST-ZIP			6.4 C(1Y -				
informatio	on indicated on this annual report or a	supplemental annual report is:	true and acc	urate and tha	d in Section 119.07(3)(i), Florida Statutes I my signature shall have the same legal	effect as if made un	ider oath: tha
Intermation I am an e appears i	on indicated on this annual report or s fficer or director of the corporation of n Block 12 or Block 13 it ananged of	supplemental annual report is the receiver or trustee emper see on allaghment with an ad	rue and acc wered to exe	urate and tha cute this repo	if my signature shall have the same legal if as required by Chapter 607, Florida St	errect as it made un atules; and that my	ider dath; th nanie