## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

► PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000074701 (0)

ESI STEAMBOAT, INC.

Principal Place of Business	Mailing Address

1400 CENTREPARK BLVD. **SUE 600** 

**DOCUMENT #** 

W. PALM BEACH FL 33401

1400 CENTREPARK BLVD. SUE 600 W. PALM BEACH FL 33401



								3. Date Incorporated or Qualified 3a. Date of Last Report 09/26/1995						
2. Principal Place of Business 2a. Mailing Address									4. FEI Number Applied For					
	11760 US Highway One				26 11760 US Highway One				65-3619011				Not Applicable	
······································	kuite, Apt. #, etc. Suite, Apt. #, etc.												5 Additional	
22 Suite 600 2				27 Suite 600				5. Certificate of Status I	esired			Required		
City & State									6. Election Campaign Fi	nancing		\$5.0	0 May Be	
23 North	Palm	Beach,	FL	28 North Palm Beach, FL					Trust Fund Contribution Added to Fees					
Zip		Country		Zip		Countr	ý		8. This corporation has liability for intangible tax under s. 199.032,					
24 33408		[25] US	M						Florida Statutes				ttached	
9. Name and Address of Current Registered Agent									10. Name and Address	of New Re	gistered	l Agent		
	_					8	81 Namo							
LEON, J.						82	82 Street Address (P.O. Box Number is Not Acceptable)							
	FLAGLER	STREET				ļ								
• MIAMI FL	. 33174					83	1							
						84	Cit	y		****************		85 Z	ıp Code	
							<u> </u>				FL	<b>_</b>	,	
<ol> <li>Pursuant to or registere</li> </ol>	the provisi id agent, or	ons of Soctions 6 both, in the State	607.0502 an e of Florida.	d 607.1508, Florida Such change was a	Statutes, uthorized	the above by the con	name ocratic	d corporati	ion submits this statement of directors. I hereby accep	for the purp	ose of challenger	nanging its i	registered office	
famil ar with	n, and accep	of the obligations	of, Section	607.0505, Florida S	tatutes.	<b>17</b> 1110 001	A) O (II	on o kouru	or directors. Thereby accep	it tries appoi	ILINGIE Ø	១ ខេតិខេត្ត	Jagerit. Fam	
SIGNATURE														
12.	ilg isturu, fyriad	or printed name of reg-	dered agent and ERS AND D		: TOP		nt signa	itura requises w		0.70 05110	DATE	EN ENERT CHIEF	SEA N. 16	
TITLE	D	Orric	CAS AND D	DELE		13.		D/p	ADDITIONS/CHANGE	STOOFFIC		D DIRECTO		
NAME	TANCE	R, EDWARD F		N DEEL	ι.				PENTER, LARRY	ĸ		☐ Ghange	X Addition	
STREET ADDRESS		J.S. HIGHWAY	1			1.2 NAME		117	60 US HWY ONE	. #600				
CITY-ST-7IP		M BEACH FL				1.3 STREE		NOR	TH PALM BEACH	FL 334	108			
11111				Γ') DELE	i.t	1.4 CITY - 2. 1 TITLE	S1 - ZIP					☐] Change	- Addition	
NAME				[_] <i>t</i> ttt		2.2 NAME		D/V					★ Addition	
STREET ADDRESS								h 4 /	BER, LESLIE J 50 US HWY ONE,	#600				
						2 3 STREE			TH PALM BEACH		08			
CITY - ST - 7IP				[] DELFT		2.4 CITY- 3. 1 TITLE	S1 - 71P		III IAMI DIRICH			[ ] Change	₩ indition	
NAME				[] orași		3.2 NAME		D/T	CDAMII DODUDII	<b>-</b>		[] Orlange	K1 Monitori	
STREET ADDRESS							T ACIDO		GRATH, ROBERT				ł	
City-St-7iP									60 US HWY ONE,		00			
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STREET ADDRESS						4.3 STREE	r anger		PENTER, FRANCE					
CHY-SI-ZIP						4.4 CITY -			60 US HWY ONE,		Λ0			
THLE				DELET	E	5 1 TITLE	21 - ZIF	- INOK	IH PALM BEACH	г <u>ь 334</u>		Change	<b>☆</b> Addition	
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STREET ADDRESS							(ADOR)		60 US HWY ONE,					
City-St-7i2						5.4 CITY-			TH PALM BEACH		Λ0			
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STREET ADDRESS						6.3 STREE	ADOR	:55	-04/16/96	0103	35n	111		
City-St-ZiF						64 CiTY-			***200.00					
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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 logal effect as if made under eath, 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 experiment with an address.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Frances M. Carpenter

4/1/96 field

(407) 691 3500 Daytmig Phone #