

**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 # P95000074701 (0)**

1. Corporation Name

**ESI STEAMBOAT, INC.**



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified  
**09/26/1995**

3a. Date of Last Report

2. Principal Place of Business

**21 11760 US Highway One**

Suite, Apt. #, etc.

**22 Suite 600**

City & State

**23 North Palm Beach, FL**

Zip

**24 33408**

Country

**25 US**

2a. Mailing Address

**26 11760 US Highway One**

Suite, Apt. #, etc.

**27 Suite 600**

City & State

**28 North Palm Beach, FL**

Zip

**29 33408**

Country

**30 US**

4. FEI Number

**65-3619011**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No **See Attached**

9. Name and Address of Current Registered Agent

**LEON, J. E  
9250 W. FLAGLER STREET  
MIAMI FL 33174**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	TANCER, EDWARD F	11770 U.S. HIGHWAY 1	N. PALM BEACH FL 33408	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D/p	CARPENTER, LARRY K	11760 US HWY ONE, #600	NORTH PALM BEACH FL 33408	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/V	GELBER, LESLIE J	11760 US HWY ONE, #600	NORTH PALM BEACH FL 33408	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/T	MC GRATH, ROBERT L	11760 US HWY ONE, #600	NORTH PALM BEACH FL 33408	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	CARPENTER, FRANCES M	11760 US HWY ONE, #600	NORTH PALM BEACH FL 33408	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	HOFFMAN, KENNETH P	11760 US HWY ONE, #600	NORTH PALM BEACH FL 33408	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Frances M. Carpenter*

Frances M. Carpenter

4/1/96

(407) 691 3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)