

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 # **P95000085006 (1)**

1. Corporation Name

ESI PHILIPPINES, INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified
11/02/1995

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

65-0625758

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

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CARPENTER, LARRY K	
1.3 STREET ADDRESS	11760 US HWY ONE, #600	
1.4 CITY - ST - ZIP	NORTH PALM BEACH FL 33408	
2.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GELBER, LESLIE J	
2.3 STREET ADDRESS	11760 US HWY ONE, #600	
2.4 CITY - ST - ZIP	NORTH PALM BEACH FL 33408	
3.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MC GRATH, ROBERT L	
3.3 STREET ADDRESS	11760 US HWY ONE, #600	
3.4 CITY - ST - ZIP	NORTH PALM BEACH FL 33408	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CARPENTER, FRANCES M	
4.3 STREET ADDRESS	11760 US HWY ONE, #600	
4.4 CITY - ST - ZIP	NORTH PALM BEACH FL 33408	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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		

700001784667

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*****200.00**

4-16-96

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)