

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

FILED  
Mar 02 1998 8:00am  
Secretary of State

<p><b>PROFIT CORPORATION ANNUAL REPORT 1998</b></p>		<p>FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS</p>
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**DOCUMENT # P96000020838 (4)**

1. Corporation Name  
**ENTERPRISE SOLUTIONS GROUP, INC.**

Principal Place of Business	Mailing Address
500 AUSTRALIAN AVE SUITE 710 W PALM BEACH FL 33401 US	500 AUSTRALIAN AVE SUITE 710 W PALM BEACH FL 33401 US

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>2b</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

3. Date Incorporated or Qualified <b>03/15/1996</b>			
4. FEI Number <b>65-0663042</b>	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For			
Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

g. Name and Address of Current Registered Agent	
<b>ROSWELL, RONALD L JR.</b> <b>7621 ST. ANDREWS ROAD</b> <b>LAKE WORTH FL 33467</b>	<b>81</b> Name
	<b>82</b> Street Address
	<b>83</b>
	<b>84</b> City

<b>10. Name and Address of New Registered Agent</b>		
ess (P.O. Box Number is Not Acceptable)		
<b>FL</b>	<b>85</b>	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		13.	
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	
NAME	ROSWELL, RONALD L JR.			1.2 NAME	
STREET ADDRESS	7621 ST. ANDREWS ROAD			1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE WORTH FL 33467			1.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	
NAME	WIENSTEIN, EZRA J			2.2 NAME	
STREET ADDRESS	3307 NORTHLAND DRIVE STE 520			2.3 STREET ADDRESS	
CITY - ST - ZIP	AUSTIN TX 78731			2.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY - ST - ZIP				3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY - ST - ZIP				4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY - ST - ZIP				5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY - ST - ZIP				6.4 CITY - ST - ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
EINSTEIN, EZRA J 11 LIBERTY HILLS LANE LIBERTY HILL, TX 78642	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/98 Date

561-820-1410 x101

CP2E034 (10/97)