## 

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000074059 (2)

ESA 0884, INC.

Principal Place of Business

500 EAST BROWARD BOULEVARD

Mailing Address

500 EAST BROWARD BOULEVARD

## FILED Feb 27 1997 8:00am Secretary of State



	RDALE FL 33394-3073	FORT LAUDERDALE FL 33394-3002				
				3. Date Incorporated or Qualified 09/06/1996	3a. Date of Last F	Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	A	pplied For
21 450 C. LAS OLAS BLUD		26 450 E. LAS OLAS BLUD		65+040319	N	ot Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
22 1100		27 100		b. Certificate of Status Desired	Fee R	equired
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be
13 FORM	r handerdale, fl	28 FORT LAUDE	edale, fl	Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	ntangible tax under s	s. 199.032,
24 33?		29 33301	20 00		Yes No	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
C.	r corporation system		81 Name			
120	00 SOUTH PINE ISLAND ROAD		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
PL	ANTATION FL 33324		0.000,7,00	( i e i e i e i e i e i e i e i e i e i		
			83			
			84 03		Jan 1 35	Codo
			84 City		FL 85 Zip	Code
11. Pursean	Lto the provisions of Sections 607 050	02 and 607.1508. Florida Statut	es, the above-named cor	poration submits this statement for the p	urpose of changing	its registered
SIGNATURE				ation's board of directors. I hereby accep		
12.	Signature, typed or printed name of registered tig	ront and this if applicable INOT ND DIRECTORS	E: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFIC	DATE	28 IN 12
	CDP	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change	☐ Additio
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. I do ricretoy 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 or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

JAN 1 0 1007

Daytime Phone \*