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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000078438 (4)**

1. Corporation Name
ESA 0795, INC.

Principal Place of Business
500 EAST BROWARD BLVD.
SUITE 950
FORT LAUDERDALE FL 33394-3073

Mailing Address
500 EAST BROWARD BLVD.
SUITE 950
FORT LAUDERDALE FL 33394-3002

3. Date Incorporated or Qualified: **09/20/1996**
3a. Date of Last Report:

2. Principal Place of Business
21 450 E. LAS OLAS BLVD
Suite, Apt. #, etc.
22 1100
City & State
23 FORT LAUDERDALE, FL
Zip / Country
24 33301 25 US

2a. Mailing Address
26 450 E. LAS OLAS BLVD
Suite, Apt. #, etc.
27 1100
City & State
28 FORT LAUDERDALE, FL
Zip / Country
29 33301 30 US

4. FEI Number: APPLIED FOR ☐ 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

9. **Name and Address of Current Registered Agent**
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON JR, GEORGE D		1.2 NAME	
STREET ADDRESS	450 E. LAS OLAS BLVD #1100		1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRANNOW, ROBERT A		2.2 NAME	
STREET ADDRESS	450 E. LAS OLAS BLVD # 1100		2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		2.4 CITY-ST-ZIP	
TITLE	ASAT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MORLEY, GREGORY R		3.2 NAME	
STREET ADDRESS	450 E. LAS OLAS BLVD #1100		3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CC 2/12

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***165.00

14. I do 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] JAN 20 1997

CR2E034 (9/96)