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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000082914 (8)

1. Corporation Name
ESI DOSWELL GP, INC.



Principal Place of Business
11760 U.S. HIGHWAY ONE
SUITE 600
NORTH PALM BEACH FL 33408

Mailing Address
11760 U.S. HIGHWAY ONE
SUITE 600
NORTH PALM BEACH FL 33408-3029

3. Date Incorporated or Qualified 10/08/1996	3a. Date of Last Report
4. FEI Number 65-0704632	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> See Attached	

2. -Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

LEON, J.E.
9250 WEST 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	11 TITLE AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TANCER, EDWARD F		12 NAME	
STREET ADDRESS 11760 U.S. HIGHWAY ONE		13 STREET ADDRESS	
CITY-ST-ZIP NORTH PALM BEACH FL 33408		14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME HOFFMAN, KENNETH P	
STREET ADDRESS		23 STREET ADDRESS 11760 US HWY ONE, SUITE 600	
CITY-ST-ZIP		24 CITY-ST-ZIP NORTH PALM BEACH FL 33408	
TITLE	<input type="checkbox"/> DELETE	31 TITLE D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME GELBER, LESLIE J	
STREET ADDRESS		33 STREET ADDRESS 11760 US HWY ONE, SUITE 600	
CITY-ST-ZIP		34 CITY-ST-ZIP NORTH PALM BEACH FL 33408	
TITLE	<input type="checkbox"/> DELETE	41 TITLE D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME MC GRATH ROBERT L	
STREET ADDRESS		43 STREET ADDRESS 11760 US HWY ONE, SUITE 600	
CITY-ST-ZIP		44 CITY-ST-ZIP NORTH PALM BEACH FL 33408	
TITLE	<input type="checkbox"/> DELETE	51 TITLE CARPENTER, FRANCES M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS 11760 US HWY ONE, SUITE 600	
CITY-ST-ZIP		54 CITY-ST-ZIP NORTH PALM BEACH FL 33408	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Frances M. Carpenter Frances M. Carpenter 2/14/97 561-691-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)