

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90048 047 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082914

1. Corporation Name

ESI DOSWELL GP, INC.

Principal Place of Business

700 UNIVERSE BLVD
JUNO BEACH FL 33408

Mailing Address

ATTN: FRANCES M CARPENTER
700 UNIVERSE BLVD
JUNO BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1996

4. FEI Number

65-0704632

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 owes the current year Intangible
Personal Property Tax.

See Attached
XX Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEON, J.E.
9250 WEST 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	AS	<input type="checkbox"/> DELETE
NAME	TANCER, EDWARD F	
STREET ADDRESS	11760 U.S. HIGHWAY ONE	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HOFFMAN, KENNETH P.	
STREET ADDRESS	11760 US HWY ONE, STE. 600	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GELBER, LESLIE J.	
STREET ADDRESS	11760 US HWY ONE, STE. 600	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BOYLAN, PETER	
STREET ADDRESS	11760 US HWY 1, SUITE 600	
CITY-ST-ZIP	N. PALM BEACH FL 33408	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARPENTER, FRANCES M	
STREET ADDRESS	11760 US HWY ONE, STE. 600	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HATHAWAY, SCOT C	
STREET ADDRESS	11760 US HWY 1, SUITE 600	
CITY-ST-ZIP	N. PALM BEACH FL 33408	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	700 UNIVERSE BLVD
1.4 CITY-ST-ZIP	JUNO BEACH FL 33408
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	700 UNIVERSE BLVD
2.4 CITY-ST-ZIP	JUNO BEACH FL 33408
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	YACKIRA, MICHAEL W
3.3 STREET ADDRESS	700 UNIVERSE BLVD
3.4 CITY-ST-ZIP	JUNO BEACH FL 33408
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	700 UNIVERSE BLVD
4.4 CITY-ST-ZIP	JUNO BEACH FL 33408
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S
5.3 STREET ADDRESS	700 UNIVERSE BLVD
5.4 CITY-ST-ZIP	JUNO BRACH FL 33408
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	700 UNIVERSE BLVD
6.4 CITY-ST-ZIP	JUNO BEACH FL 33408

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, with all other like empowered.

Frances M. Carpenter 2/19/99 (561) 6917171

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #