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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 # P96000088989 (4)

1. Corporation Name
ESI DOSWELL POWER SERVICES, 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 10/28/1996 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0707572		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No See Attached	
24		25		29		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

Sign above, 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	D TANCER, EDWARD F	1.1 TITLE	AS
NAME	11760 U.S. HIGHWAY ONE	1.2 NAME	
STREET ADDRESS	NORTH PALM BEACH FL 33408	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	D/P
NAME		2.2 NAME	GELBER, LESLIE J
STREET ADDRESS		2.3 STREET ADDRESS	11760 US HWY ONE, #600
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE		3.1 TITLE	D/V
NAME		3.2 NAME	ALFONSO, ADALBERTO
STREET ADDRESS		3.3 STREET ADDRESS	11760 US HWY ONE, #600
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE		4.1 TITLE	D/T
NAME		4.2 NAME	MC GRATH, ROBERT L
STREET ADDRESS		4.3 STREET ADDRESS	11760 US HWY ONE, #600
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE		5.1 TITLE	S
NAME		5.2 NAME	CARPENTER, FRANCES M
STREET ADDRESS		5.3 STREET ADDRESS	11760 US HWY ONE, #600
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33508
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)