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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1998		Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
DOCUMENT # F 1. Corporation Name ESA 0789, INC.	P970000189	902 (1)				
Principal Place of Business	Mailina	Addrage		{ 1 100 100 170 107 180 30 100 100 100 100 1	1160/ 16310 1814 88140 (181 160)	
Principal Place of Business Mailing Address 450 E LAS OLAS BLVD SUITE 1100 FT LAUDERDALE FL 33301 Mailing Address 450 E LAS OLAS BLVD SUITE 1100 FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301				DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualified 02/28/1997		
2. Principal Place of Business	2a. Mail	ing Address		4. FEI Number	Applied For	
21	26			65-0740073	Not Applicable	
Suite, Apt. #, etc.	Suite	e, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City 26	& State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Cour 25		30	Country	This corporation owes or has paid the c Personal Property Tax due June 30. Name and Address of New Registers	current year Intangible	
C T CORPORATION S		Agent	81 Name	10. Name and Address of New Negistere	d våeut	
1200 SOUTH PINE IS						
PLANTATION FL 33324				ddress (P.O. Box Number is Not Acceptable)		
	•		83			
			84 City		85 Zip Code	
\$4. Discussed to the excussions of Co	oliona 607 0500 and 607 15	09 Elorido Protutos tr	na abaya namad aas	poration submits this statement for the purpose		
office or registered agent, or bo agent. I am familiar with, and ad	ith, in the State of Florida. Succept the obligations of, Sec	uch change was autho tion 607.0505, Florida	rized by the corpora Statutes	tion's board of directors. I hereby accept the a	ppointment as registered	
SIGNATURE		Total B		ired when reinstating) DATE		
	me of registered agent and title if applie OFFICERS AND DIRECTOR		istered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS A		
TITLE C.30			1.1 TITLE		Change Addition	
= :=	., George D		1.2 NAME		·	
STREET ADDRESS 450 E. La	s Clas Rivd.	#1100	1.3 STREET ADDRESS			
CITY-ST-ZIP TT. Land	s Olas Blvd. erdale, Fl 3	3301	1.4 CITY - ST - ZIP			
THE STD	,	☐ DELETE	2.1 TITLE		Change Addition	
NAME Brancon,	Robert A.		2.2 NAME			
STREET ADDRESS 450 E. La	a clos Blig.	1100	2.3 STREET ADDRESS			
CITY-ST-ZIP & T. Laud	erdale, 41. 3	3301 DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
TITLE NAME			3.2 NAME	,	CT change CT vacation	
STREET ADDRESS			3.3 STREET ADDRESS		i	
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE			4.1 TITLE		Change Addition	
NAME ;			4. 2 NAME	·		
STREET ADDRESS		1.	4.3 STREET ADDRESS			
City-St-ZiP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		ļ	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
TITLE NAME			6.3 THLE 6.2 NAME		CT Auguste CT Workfoll	
STAFFT ATIONESS			6.2 NAME 6.3 STREET ADDRESS			

14. Thereby 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 chapterd, or on an atrachment with an address.

6.4 CITY - ST - ZIP

FILED

Mar 30 1998 8:00am