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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000018902

. Corporation Name

ESA 0789, INC.

	_					
Principal Place	e of Business	Mailing Address				
450 E LAS OLAS BLVD SUITE 1100 FT LAUDERDALE FL 33301		450 E LAS OLAS BLVD SUITE 1100 FT LAUDERDALE FL 33301			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 02/28/1997	
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21		26			65-0740073 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired Service Fee Required	
City & State	е	City & State		_	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country 25	Zip 3	Country	4	8. This corporation owes the current year Intangible Personal Property Tax.	
	9. Name and Address of Curre				10. Name and Address of New Registered Agent	
			81	Name	· · · · · · · · · · · · · · · · · · ·	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)		
Plan	NTATION FL 33324		83			
			84	City	FL 85 Zip Code	
office or re agent. I as SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered as	e of Florida. Such change was autipations of, Section 607.0505, Florid	norized by la Statutes	tne corpo s.	I corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
12.	OFFICERS A	ND DIRECTORS	13.	 	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	DELETE	1.1 TITLE		Change Addition	
NAME	JOHNSON, JR. G		1.2 NAME			
STREET ADDRESS	REET ADDRESS 450 E LAS OLAS BLVD STE 1100		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		1.4 CITY- S	ST-ZIP	☐ Change ☐ Addition	
TITLE	STD	☐ DELETE	2.1 TITLE		Change Addition	
NAME	DIVINION, NODEN /		2.2 NAME			
STREET ADDRESS	450 E LAS OLAS BLVD STE	1100		T ADORESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		2.4 CITY-	ST-ZIP	☐ Change ☐ Addition	
TITLE		☐ DELETE	3.1 TITLE		Shariga Direction	
NAME			3.2 NAME	1		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		C VELLIC	4. 2 NAME			
NAME STREET ADDRESS				T ADDRESS		
STREET ADDRESS			4.4 CITY-S			
CITY-ST-ZIP		DELETE	5.1 TITLE	U1-211	☐ Change ☐ Addition	
NAME		-	5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	

4. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

title Name

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UPISEC ITIERS

23/99 Daytime Phone #

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90080 011 ***150.00

E(34 (11/98)