

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000018910 (4)**

1. Corporation Name
ESA 0302, INC.



Principal Place of Business 450 E LAS OLAS BLVD SUITE 1100 FT LAUDERDALE FL 33301	Mailing Address 450 E LAS OLAS BLVD SUITE 1100 FT LAUDERDALE FL 33301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/28/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0740971	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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				<input type="checkbox"/> DELETE				1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				Johnson Jr., George D.				1.2 NAME							
STREET ADDRESS				450 E. Las Olas Blvd. #1100				1.3 STREET ADDRESS							
CITY-ST-ZIP				FT. Lauderdale, FL 33301				1.4 CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE				2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				Brannon, Robert A.				2.2 NAME							
STREET ADDRESS				450 E. Las Olas Blvd. #1100				2.3 STREET ADDRESS							
CITY-ST-ZIP				FT. Lauderdale, FL 33301				2.4 CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE				3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								3.2 NAME							
STREET ADDRESS								3.3 STREET ADDRESS							
CITY-ST-ZIP								3.4 CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE				4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								4.2 NAME							
STREET ADDRESS								4.3 STREET ADDRESS							
CITY-ST-ZIP								4.4 CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE				5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								5.2 NAME							
STREET ADDRESS								5.3 STREET ADDRESS							
CITY-ST-ZIP								5.4 CITY-ST-ZIP							
TITLE				<input type="checkbox"/> DELETE				6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME								6.2 NAME							
STREET ADDRESS								6.3 STREET ADDRESS							
CITY-ST-ZIP								6.4 CITY-ST-ZIP							

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.

SIGNATURE:  TREASURER MAR 07 1998 950-713-1600

CP2E034 (10/97)