

FILE NOW: FILING FEE AFTER MAY 1ST IS \$556.00

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90095 013 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P98000043040

 1. Corporation Name  
**ESTE INC.**

 Principal Place of Business  
**1667 D WALSH LANE**  
**DUNEDIN FL 34698**

 Mailing Address  
**1667 D WALSH LANE**  
**DUNEDIN FL 34698**


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1998

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ROBERT L. TANKEL, P.A.**  
**1667 D WALSH LANE**  
**DUNEDIN FL 34698**

4. FEI Number

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐
**\$8.75 Additional**  
**Fee Required**
6. Election Campaign Financing ☐
**\$5.00 May Be**  
**Added to Fees**

 8. This corporation owes the current year Intangible  
 Personal Property Tax. ☐ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

1.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

990129

Date

18009443700

Daytime Phone #

CR2E034 (1/198)