


**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90156 014 \*\*\*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	
<b>DOCUMENT # P98000053501</b>					
1. Corporation Name <b>ESR MANAGEMENT, INC.</b>					
Principal Place of Business <b>5625 CENTRAL AVENUE</b> <b>ST. PETERSBURG FL 33710</b>			Mailing Address <b>5625 CENTRAL AVENUE</b> <b>ST. PETERSBURG FL 33710</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 <b>4925 Camellia Way</b> Suite, Apt. #, etc.			2a. Mailing Address 26 <b>4925 Camellia Way</b> Suite, Apt. #, etc.		
22 City & State 23 <b>St. Petersburg, FL</b>			27 City & State 28 <b>St. Petersburg, FL</b>		
24 Zip <b>33705</b>			29 Zip <b>33705</b>		
25 <b>Pineellas</b>			30 <b>Pineellas</b>		
9. Name and Address of Current Registered Agent <b>CHECHELE, T S</b> <b>5625 CENTRAL AVENUE</b> <b>ST. PETERSBURG FL 33710</b>			10. Name and Address of New Registered Agent 81 Name <b>Samuel F. Ray</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4925 Camellia Way</b> 83 84 City <b>St. Petersburg</b> <b>FL</b> 85 Zip Code <b>33705</b>		
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 <b>Samuel F. Ray</b> <b>President</b> DATE <b>5-15-99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>DP</b> <input type="checkbox"/> DELETE NAME <b>RAY, SAMUEL F</b> STREET ADDRESS <b>6225 FAIRWAY BAY</b> CITY-ST-ZIP <b>ST. PETERSBURG FL 33707</b>			1.1 TITLE <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>Ray, Samuel F. Ray</b> 1.3 STREET ADDRESS <b>4925 Camellia Way</b> 1.4 CITY-ST-ZIP <b>St. Petersburg, FL 33705</b>		
TITLE <b>ST</b> <input type="checkbox"/> DELETE NAME <b>RAY, DOROTHY E</b> STREET ADDRESS <b>6225 FAIRWAY BAY</b> CITY-ST-ZIP <b>ST. PETERSBURG FL 33707</b>			2.1 TITLE <b>ST</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>RAY, Dorothy E.</b> 2.3 STREET ADDRESS <b>4925 Camellia Way</b> 2.4 CITY-ST-ZIP <b>St. Petersburg, FL 33705</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: **Samuel F. Ray** **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-5-99** **727-906-9459**  
Date Daytime Phone #

CR2E034 (1/198)