


**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90075 020 \*\*\*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 # P98000072292</b>					
1. Corporation Name <b>ESINED, INC</b>					
Principal Place of Business <b>14753 VISTA LUNA DRIVE</b> <b>DAVIE FL 33325</b>			Mailing Address <b>14753 VISTA LUNA DRIVE</b> <b>DAVIE FL 33325</b>		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>08/18/1998</b>					
2. Principal Place of Business <b>21 2230 Weston Rd.</b>			2a. Mailing Address <b>26 Suite, Apt. #, etc.</b>		
Suite, Apt. #, etc. <b>22</b>			City & State <b>27 Weston, FL</b>		
City & State <b>23 Weston, FL</b>			Zip <b>24 33325</b>		
Country <b>25 Broward</b>			Country <b>30</b>		
9. Name and Address of Current Registered Agent <b>NEMSER &amp; WOLIS, P.A.</b> <b>18999 BISCAYNE BOULEVARD</b> <b>NORTH MIAMI BEACH FL 33180</b>			10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>President</b> <input type="checkbox"/> DELETE NAME <b>Denise Buckley</b> STREET ADDRESS <b>14753 Vista Luna Dr</b> CITY-ST-ZIP <b>DAVIE, FL 33325</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY-ST-ZIP			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> DELETE STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
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TITLE NAME <input type="checkbox"/> DELETE 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 NAME <input type="checkbox"/> DELETE 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: Denise Buckley, President 3/28/99 (954) 736-3136  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)