2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P98000070 ESTER SPECIALTY SERV				04-26-2004 9	01028 006 ***150	,.oo		
Principal Place of Business 204 S. MONROE ST. TALLAHASSE, FL 32301		Mailing Address 1601 CHESTNUT STREET TL20J PHILADELPHIA, PA 19103		- 7	e constant	٠.	*		
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2. Principal Place of Business		3. Mailing Address				13)))			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192004	Chg-P	CR2E034 (10/03)			
City & State		City & State		4. FEI Number 58-2430	509	No	plied For t Applicable		
Zip	Country	Zip	Country	5. Certificate of		S8.75 Add Fee Require			
<u> </u>	6. Name and Address of Curren	t Registered Agent		7. Name and A	ddress of New Re	egistered Agent			
CTCCC	OCRATION SVOTELA		Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
			City	FL Zip Code					
	enamed entity submits this statement to tions of registered agent.	or the purpose of changing i	ts registered office or r	registered agent, or both	in the State of Flo	rida. I am familiar with,	and accept		
SIGNATURE_	Signature, typed or printed name of registered agen	it and title if applicable. (NC	DTE: Registered Agent signature	e required when reinstating)		DATE			
FILI	Signature, typed or printed name of registered ager E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Camp	paign Financing	\$5.00 May Be Added to Fees		DATE			
FILI	E NOW!!! FEE IS \$150.00	9. Election Camp Trust Fund Co	aign Financing	\$5.00 May Be Added to Fees	HANGES TO OFFI	DATE CERS AND DIRECTORS	5 IN 11		
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	2 ul Cup	FRENK P	. CzeKay	4/19/04	215-640-1000
~~	SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICE	CER OR DIRECTOR		Date	Daytime Phone #