F COR ANNU	PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPART Sandra B. Secretary DIVISION OF C	MENT OF STATE Mortham of State		FILED Apr 13 1998 8:00am Secretary of State		
1. Corporation	MENT # I Name ESS PLAZA, IN	S32048 c.	(8)					
Principal Place of Business Mailing Address 959 SW 71 AV 959 SW 71 AVE N LAUDERDALE FL 33068 N LAUDERDALE FL 3 US US				\$ 8	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/14/1991			1911 O I O I I I I I I I I I I I I I I I I
	ace of Business		2a. Mailing Address	1/ -2		4. FEI Number		oplied For
Suite, Apt. 4			26 7300W Mc Suite, Apt. #, etc.	MAB KOAD	<u> </u>	65-0249991 5. Certificate of Status Desired	\$8.75	ot Applicable Additional equired
22 # 31 City & State 23 TAMAR	,		27	FlouiDA		6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be to Fees
Zip 24 <i>3</i> 332	Cou	intry	Zip	Country 30		This corporation owes or has paid the Personal Property Tax due June 30.	e current year in	
14, + 0.5	g, Name and Ad	dress of Current Re				10. Name and Address of New Registe		
office or re	egistered agent, or b	ooth, in the State of F	nd 607.1508. Florida Statute lorida. Such change was ar is of, Section 607.0505, Flor	uthorized by the con	d corporation	oration submits this statement for the purpo on's board of directors. I hereby accept the	FL 33	Code 3 3 / ts registered registered
SIGNATURE			ANOTE				ATE	
12.	signatore, typed or printed t	OFFICERS AND D		Hogistered Agent signature	е гедине	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	VPT MARK LOPAT 2506 PRINCE FORT LAUDE	TON CT	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWARD, MA 959 SW 71 A N LAUDERDA	ARK Ve	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	73	OOW Me Nab Road	☑ Change	Addition
TITLE	D	MLD I L	DELETE	3.1 TITLE	17/3	MAKAC FL 3	☐ Change	Addition
NAME	LOPATIN, RO			3.2 NAME				
STREET ADDRESS		HY AVE. STE. 50)	3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	LINCOLN WO	OD IL 60046	DELETE	3.4. CITY - \$T - ZIP 4.1 TITLE	1		Change	Addition
NAME			_ care	4. 2 NAME			ogo	
STREET ADDRESS				4.3 STREET ADDRESS				
CITY-SI-ZIP			C7 priese	4.4 CITY-ST-ZIP	ļ			T Live
TITLE			DELETE	5.1 TITLE 5.2 NAME			☐ Change	Addition
NAME STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS				
CITY-ST-ZIP				5.4 CITY-ST-ZIP				
TITLE			DELETE	6.1 TITLE			Change	Addition
ANELEE				C 2 KIRKEC	1			

6.3 STREET ADDRESS

STREET ADDRESS

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 chapted, or on an attachment with an address.