• **FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S59323** **(3)**

1. Corporation Name

STEVEN B. ESQUINALDO, P.A.

Principal Place of Business	Mailing Address
625 WHITEHEAD STREET KEY WEST FL 33040-6570	625 WHITEHEAD STREET KEY WEST FL 33040-6570

3. Date Incorporated or Qualified: 06/12/1991
3a. Date of Last Report: 02/08/1995

2. Principal Place of Business
21: 507 Whitehead Street
22: Suite, Apt. #, etc.
23: City & State: Key West, FL
24: Zip: 33040 25: Country: USA

2a. Mailing Address
26: 507 whitehead Street
27: Suite, Apt. #, etc.
28: City & State: Key West, FL
29: Zip: 33040 30: Country: USA

4. FEI Number: 59-2698228 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ESQUINALDO, STEVEN B.
608 WHITEHEAD ST.
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name: Steven B. Esquinaldo
82 Street Address (P.O. Box Number is Not Acceptable): 507 Whitehead Street
83:
84 City: Key West FL 85 Zip Code: 33040

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: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVT	☐ DELETE	11 TITLE	DVT	☑ Change ☐ Addition
NAME	ESQUINALDO, STEVEN B.		12 NAME	Esquinaldo, Steven B.	
STREET ADDRESS	608 WHITEHEAD ST.		13 STREET ADDRESS	507 Whitehead Street	
CITY-ST-ZIP	KEY WEST FL		14 CITY-ST-ZIP	Key West, FL 33040	
TITLE	SP	☐ DELETE	21 TITLE	SP	☑ Change ☐ Addition
NAME	ESQUINALDO, STEVEN B.		22 NAME	Esquinaldo, Steven B.	
STREET ADDRESS	608 WHITEHEAD STREET		23 STREET ADDRESS	507 whitehead street	
CITY-ST-ZIP	KEY WEST FL		24 CITY-ST-ZIP	Key West, FL 33040	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Steven B. Esquinaldo, President 4-29-96 305-295-9499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)