

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V07085** (6)

1. Corporation Name

**E-SER, INC.**



Principal Place of Business

**14205 GREENTREE DR.  
WEST PALM BEACH FL 33414  
US**

Mailing Address

**14205 GREENTREE DR.  
WEST PALM BEACH FL 33414  
US**

3. Date Incorporated or Qualified  
**01/16/1992**

3a. Date of Last Report  
**05/23/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number  
**65-0313890**

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

10. Name and Address of New Registered Agent

**PETERS, MICHAEL  
11163 SW 154 PL  
MIAMI FL 33196**

81 Name

**PETERS, MICHAEL**

82 Street Address (P.O. Box Number is Not Acceptable)

**14205 GREENTREE DR.**

83

84 City

**WEST PALM BEACH**

FL

85 Zip Code

**33414**

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

*Michael R. Peters*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-stating)

**5/13/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETERS, MICHAEL	
STREET ADDRESS	11163 SW 154 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETERS, TRACY	
STREET ADDRESS	11163 SW 154 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1 2 NAME	PETERS, MICHAEL		
1 3 STREET ADDRESS	14205 GREENTREE DR		
1 4 CITY-ST-ZIP	WEST PALM BEACH, FL 33414		
2 1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2 2 NAME	PETERS, TRACY		
2 3 STREET ADDRESS	14205 GREENTREE DR		
2 4 CITY-ST-ZIP	WEST PALM BEACH, FL 33414		
3 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3 2 NAME			
3 3 STREET ADDRESS			
3 4 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			
5 1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5 2 NAME			
5 3 STREET ADDRESS			
5 4 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 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:

**MICHAEL PETERS**

*Michael R. Peters*

**5/16/96**

DATE

**407-753-8859**

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)