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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

1996
DOCUMENT #
1. Corporation Name

V09492

(2)

ESSA ENTERPRISES, INC.

ESSA ENTENPRISES, INC.						
Principal Place of Business	Maling Address	1 TO STATE OF THE STATE OF TH	Billin bigle Aibil bibil gibil bi			
326 E ATLANTIC AVE DELRAY BEACH FL 33483 US	352 B NE 3RD AVE DELRAY BEACH FL 33444					
	U\$	3. Date Incorporated or Qualified 01/24/1992	3a. Date of Last Report 07/24/1995			

2.	Principal Place of Busin	iess	28	Mailing Address				4.	FEI Number		Applied For
21			26						65-0306223	Ī	Not Applicable
22	Suite, Apt. #, etc.		27	Suite, Apt #, etc.				5.	Certificate of Status Desired		.75 Additional see Required
Crty & State		28	City & State		6.	Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees			
24	Zıp	Country 25	29	Zip	700 30	intry		8.	This corporation has lability for intangible Florida Statutes Yes You	tax und	er s. 199.032,
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
GEROGE, JOSEPH M 2209 E PINERIDGE CT				81 82 83		ss (P	O. Box Number is Not Acceptable)				
						84	City			85	Zip Code

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. Thereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Supplies board or parted harms of recontemplated from this, if a place of the Difference of							
12.	Signature: typed or printed harrie of repisterious grint and this half is OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE	1 1 DILE	☐ Change ☐ Addition			
NAME	MONROY, GUILLERMO E.		1.2 NAME				
STREET ADDRESS	2805 CASITA WAT, APT. 114		1.3 STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY - ST - ZIP				
TITLE	V	DELETE	2 1 'IILE	Change Addition			
NAME	GEORGE, JOSEPH M.		2.2 NAME				
STREET ADDRESS	2209 E. PINERIDGE CT.		2.3 STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL		2 4 CITY - ST - ZIP				
TITLE		DELETE	3 11 TLE	Change Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3 4 CITY - ST - ZiP	- AMAZINA FAFT			
TITLE		DELETE	4 1 TITLE	☐ Change ☐ Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY ST-ZIF				
TITLE		DEFETE	5 1 THILE	Change Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5 4 CITY ST-ZIP				
TITLE		☐ DELETE	6 1 TITLE	Change Addition			
NAME			6 2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			64 CITY - ST - Z-P				

14. I do hereby certify that the information supplied with this firing 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 angual 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 corneration 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 charged, or on a stage injury with an address.

SIGNATURE;

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/96 274-940

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