

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # V 25572

1. Corporation Name

ESTHER'S PLACE, INC

Principal Place of Business

Mailing Address

40 S.E. 5TH ST
SUITE 501
BOCA RATON, FL 33432

SAME

3. Date Incorporated or Qualified

4-1-92

3a. Date of Last Report

5-10-95

4. FEI Number

65-0335537

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. 199.03, Florida Statutes

Yes No

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUCE ROBBINS
40 S.E. 5TH ST
SUITE 501
BOCA RATON, FL 33432

81. Name

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

83.

84. City

FL

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

SIGNATURE

Signature, typed or printed name of registered agent and the filing date

(22)(1) Registered Agent's signature required at all times (initials)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DELETE
NAME: BRUCE ROBBINS
STREET ADDRESS: 40 S E 5 ST, SUITE 501
CITY- ST- ZIP: BOCA RATON, FL 33432

1.1 TITLE: Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE: DELETE
NAME: UPS
STREET ADDRESS: BARBARA ROBBINS
CITY- ST- ZIP: 40 S E 5 ST, SUITE 501 BOCA RATON, FL 33432

2.1 TITLE: Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE: DELETE
NAME: D
STREET ADDRESS: JOEL GOLDSTEIN
CITY- ST- ZIP: 370 LONINGTON DR NY, NY 10017

3.1 TITLE: Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

4.1 TITLE: Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

5.1 TITLE: Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

6.1 TITLE: Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

600001895856
-07/17/96--01011--040
***225.00

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
= BRUCE M ROBBINS

6/22/96 407-391-2501

CS 7/16/96

CR2E034 (12/95)