

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **V27087** (8)

1. Corporation Name
ESI ANTILLES, INC.

Principal Place of Business
**11760 US HIGHWAY ONE
SUITE 600
NORTH PALM BEACH FL 33408
US**

Mailing Address
**11760 US HIGHWAY ONE
SUITE 600
NORTH PALM BEACH FL 33408
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1992

4. FEI Number

65-0329150

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

See Attached

9. Name and Address of Current Registered Agent

**LEON, J E
9250 W. FLAGLER ST.
MIAMI FL 33174**

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **GELBER, LESLIE J**
STREET ADDRESS **11760 US HIGHWAY ONE SUITE 600**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **TD** ☒ DELETE

NAME **MCCRATH, ROBERT L**
STREET ADDRESS **11760 US HIGHWAY ONE SUITE 600**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **V** ☒ DELETE

NAME **ALFONSO, ADALBERTO**
STREET ADDRESS **11760 US HIGHWAY ONE SUITE 600**
CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE **V** ☐ DELETE

NAME **LEIGHTON, MICHAEL L**
STREET ADDRESS **11760 US HIGHWAY ONE SUITE 600**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **D** ☐ DELETE

NAME **HOFFMAN, KENNETH P**
STREET ADDRESS **11760 US HIGHWAY ONE SUITE 600**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **S** ☐ DELETE

NAME **CARPENTER, FRANCES M**
STREET ADDRESS **11760 US HIGHWAY ONE SUITE 600**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

12 NAME **DT BOYLAN, PETER**
1.3 STREET ADDRESS **11760 US HIGHWAY ONE SUITE 600**
1.4 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

2.1 TITLE **AS** ☐ Change ☒ Addition

2.2 NAME **HATHAWAY, SCOT C**
2.3 STREET ADDRESS **11760 US HIGHWAY ONE SUITE 600**
2.4 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

3.1 TITLE **AS** ☐ Change ☒ Addition

3.2 NAME **PONDER, STEPHEN H**
3.3 STREET ADDRESS **11760 US HIGHWAY ONE SUITE 600**
3.4 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

4.1 TITLE **AS** ☐ Change ☒ Addition

4.2 NAME **TANCER, EDWARD F**
4.3 STREET ADDRESS **11760 US HIGHWAY ONE SUITE 600**
4.4 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

5.1 TITLE **V** ☐ Change ☒ Addition

5.2 NAME **KEENER, JAMES A**
5.3 STREET ADDRESS **11760 US HIGHWAY ONE SUITE 600**
5.4 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 the 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: **FRANCES M CARPENTER, SECRETARY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frances M. Carpenter 2/5/98 (561)691-3500

Date Daytime Phone # 0314113

CP2E034 (10/97)