

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90014 028 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L02231**

1. Corporation Name  
**ESKO PROPERTIES, INC.**



Principal Place of Business C/O JAMES C. JENKINS 305 ROYAL POINCIANA PLAZA PALM BEACH FL 33480	Mailing Address C/O JAMES C. JENKINS 305 ROYAL POINCIANA PLAZA PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>340 ROYAL POINCIANA WAY</b> Suite, Apt. #, etc. 22 <b>SUITE 305</b> City & State 23 <b>PALM BEACH, FLORIDA</b> Zip 24 <b>33480</b> 25 Country	2a. Mailing Address 26 <b>340 ROYAL POINCIANA WAY</b> Suite, Apt. #, etc. 27 <b>SUITE 305</b> City & State 28 <b>PALM BEACH, FLORIDA</b> Zip 29 <b>33480</b> 30 Country
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3. Date Incorporated or Qualified <b>07/17/1989</b>	4. FEI Number <b>65-0129883</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**JENKINS, JAMES C**  
**305 ROYAL POINCIANA PLAZA**  
**PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOT if Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KOHL, SIDNEY A.	
STREET ADDRESS	305 ROYAL POINCIANA PLAZ	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	JENKINS, JAMES C	
STREET ADDRESS	305 ROYAL POINCIANA PLAZ	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	LEVIN, JAMES S	
STREET ADDRESS	305 ROYAL POINCIANA PLAZA	
CITY-ST-ZIP	PALM BEACH FL	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>340 ROYAL POINCIANA WAY - SUITE 305</b>
1.4 CITY-ST-ZIP	<b>PALM BEACH, FLORIDA 33480</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>340 ROYAL POINCIANA WAY - SUITE 305</b>
2.4 CITY-ST-ZIP	<b>PALM BEACH, FLORIDA 33480</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>340 ROYAL POINCIANA WAY - SUITE 305</b>
3.4 CITY-ST-ZIP	<b>PALM BEACH, FLORIDA 33480</b>
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 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 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, with all other like empowered.

SIGNATURE: *James C. Jenkins* Date: 4/21/99 Daytime Phone #: 561-239-8050

CR2E034 (11/98)