
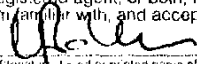
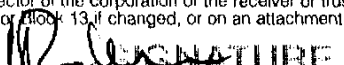


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000016968 (5) 1. Corporation Name ESKEBEE, INC.			
Principal Place of Business ROUTE 13, BOX 1224 LAKE CITY FL 32055-0000		Mailing Address ROUTE 13, BOX 1224 LAKE CITY FL 32055	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent KANGASABAPATHY, BALENDRAN ROUTE 13, BOX 1224 LAKE CITY FL 32055		10. Name and Address of New Registered Agent 81 Name KANAGASABAPATHY BALESWARAN 82 Street Address (P.O. Box Number is Not Acceptable) Route 13, Box 1224 83 84 City LAKE CITY FL 85 Zip Code 32055	
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  K. BALESWARAN - PRESIDENT 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 D <input type="checkbox"/> DELETE NAME KANAGASABAPATHY, BALENDRAN STREET ADDRESS ROUTE 13, BOX 1224 CITY - ST - ZIP LAKE CITY FL 32055 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 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME K. BALESWARAN 1.3 STREET ADDRESS RT 13, Box 1224, Lake city 1.4 CITY - ST - ZIP FL. 32055 2.1 TITLE SECRETARY / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME K. JEBASELVAN 2.3 STREET ADDRESS RT 13, Box 1224, Lake city 2.4 CITY - ST - ZIP FL. 32055 3.1 TITLE TREASURER VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME K. BALENDRAN 3.3 STREET ADDRESS RT 13, Box 1224, Lake city 3.4 CITY - ST - ZIP FL. 32055 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do 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. SIGNATURE:  K. BALESWARAN 4/20/97 8334 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)