

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

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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F15624**

(2)

1. Corporation Name
ESCO ENTERPRISES, INC.

Principal Place of Business

**231 S FEDERAL
LAKE WORTH FL 33460**

Mailing Address

**231 S FEDERAL
LAKE WORTH FL 33460-4230**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/21/1981		3a. Date of Last Report 02/13/1996	
21		26		4. FEI Number 59-2264516		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		23		28	
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

**BEIDERBECKE, H. A.
231 SO FEDERAL
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

81 Name **ARLINE CARVETTE**
 82 Street Address (P.O. Box Number is Not Acceptable)
411 SO. LAKESIDE DR. 1
 83 **LAKE WORTH**
 84 City **LAKE WORTH** **FL** 85 Zip Code **33460**

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 **ARLINE CARVETTE** *Arline Carvette* **3/28/97**
 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT, TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEIDERBECKE, H A	1.2 NAME	ARLINE CARVETTE
STREET ADDRESS	231 S FEDERAL	1.3 STREET ADDRESS	411 SO. LAKESIDE DR. 1
CITY - ST - ZIP	LAKE WORTH, FL 00000	1.4 CITY - ST - ZIP	LAKE WORTH, FL 33460
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	JOHN CARVETTE
STREET ADDRESS		2.3 STREET ADDRESS	411 SO. LAKESIDE DR. 1
CITY - ST - ZIP		2.4 CITY - ST - ZIP	LAKE WORTH, FL 33460
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Arline Carvette* **3/7/97** (561) 588-5860
 (Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (9/96)