

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

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000016968 (5)**

1. Corporation Name  
**ESKEBEE, INC.**



Principal Place of Business <b>ROUTE 13, BOX 1224                  LAKE CITY FL 32055-0000</b>	Mailing Address <b>ROUTE 13, BOX 1224                  LAKE CITY FL 32055</b>
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3. Date Incorporated or Qualified <b>02/21/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-3365908</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 checked="" type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent <b>KANGASABAPATHY, BALENDRAN                  ROUTE 13, BOX 1224                  LAKE CITY FL 32055</b>	10. Name and Address of New Registered Agent
	81 Name <b>KANAGASABAPATHY BALESWARAN</b>
	82 Street Address (P.O. Box Number is Not Acceptable) <b>Route 13, Box 1224</b>
	83
	84 City <b>LAKE CITY FL</b> 85 Zip Code <b>32055</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: *[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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D KANAGASABAPATHY, BALENDRAN</b>	1.2 NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>ROUTE 13, BOX 1224</b>	1.3 STREET ADDRESS	<b>K. BALESWARAN</b>
CITY-ST-ZIP	<b>LAKE CITY FL 32055</b>	1.4 CITY-ST-ZIP	<b>RT 13, Box 1224, Lake city FL, 32055</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>SECRETARY/DIRECTOR</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>K. JEBASELUAN</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>RT 13, BOX 1224, Lake city FL, 32055</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>TREASURER VICE PRESIDENT</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>K. BALENDRAN</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>RT 13, BOX 1224, Lake city FL, 32055</b>
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: *[Signature]* **K. BALESWARAN** 4/20/97 8:334  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)