

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 10, 1999 8:00 am
Secretary of State

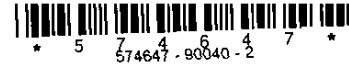
06-10-1999 90040 003 ***150.00
06-10-1999 90040 004 ****13.75

DOCUMENT # P 96000016968 ✓

1. Corporation Name
ESKEBEE INC.

Principal Place of Business
LAKE CITY
FLORIDA

Mailing Address RT 13, Box 1224
~~4140 WEST US 90~~
LAKE CITY,
FLORIDA 32055



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 LAKE CITY, FLORIDA

2a. Mailing Address 4140 WEST
26 US 90, LAKE CITY, FL 32055

3. Date Incorporated or Qualified
FEBRUARY 20, 1996

4. FEI Number 59-3365908
Applied For Not Applicable

22 Suite, Apt. #, etc. -

27 Suite, Apt. #, etc. -

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State LAKE CITY, FL

28 City & State LAKE CITY, FLORIDA

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 32055 Country USA

29 Zip 32055 Country USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALENDRAN KANAGASABAPATHY
4140 WEST US 90, LAKE CITY,
FLORIDA 32055.

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	K. BALESWARAN	
STREET ADDRESS	4140 WEST US 90,	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	K. BALENDRAN	
STREET ADDRESS	4140 WEST US 90	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> DELETE
NAME	K. JAYASELVAN	
STREET ADDRESS	4140 WEST US 90	
CITY-ST-ZIP	LAKE CITY, FLORIDA 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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: K. Baleswaran K. BALESWARAN 05.24.99 (904) 752-8334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)