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Apr 27, 1999 8:00 am
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1/27/99

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P96000088303**

1. Corporation Name
ESKO ASSET MANAGEMENT, INC.



Principal Place of Business
**305 ROYAL POINCIANA PLAZA
 PALM BEACH FL 33480**

Mailing Address
**305 ROYAL POINCIANA PLAZA
 PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/25/1996

4. FEI Number
65-0710533

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

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

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

2. Principal Place of Business	2a. Mailing Address
21 340 ROYAL POINCIANA WAY	26 340 ROYAL POINCIANA WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 305	27 SUITE 305
City & State	City & State
23 PALM BEACH, FLORIDA	28 PALM BEACH, FLORIDA
Zip Country	Zip Country
24 33480 25	29 33480 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAMLIN, CURTIS D
 1205 MANATEE AVE. WEST
 BRADENTON FL 34205**

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

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: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KOHL, SIDNEY	
STREET ADDRESS	305 ROYAL POINCIANA PLAZA	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	JENKINS, JAMES C	
STREET ADDRESS	305 ROYAL POINCIANA PLAZA	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NORTON, NANETTE K.	
STREET ADDRESS	305 ROYAL POINCIANA PLAZA	
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	340 ROYAL POINCIANA WAY - SUITE 305
1.4 CITY-ST-ZIP	PALM BEACH, FLORIDA 33480
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	340 ROYAL POINCIANA WAY - SUITE 305
2.4 CITY-ST-ZIP	PALM BEACH, FLORIDA 33480
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	340 ROYAL POINCIANA WAY - SUITE 305
3.4 CITY-ST-ZIP	PALM BEACH, FLORIDA 33480
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	340 ROYAL POINCIANA WAY - SUITE 305
4.4 CITY-ST-ZIP	PALM BEACH, FLORIDA 33480
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 S. Levin** Date: **4/21/99** Daytime Phone #: **561-339-5050**

CR2E034 (11/98)