

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 19 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # S55862 (4)**

1. Corporation Name  
**ESCUE MANAGEMENT, INC.**



2. Principal Place of Business		2a. Mailing Address	
C/O MENDOZA, CALLAS & SCHILLING P O BOX 2715 PALM BCH FL 33480		C/O MENDOZA, CALLAS & SCHILLING P O BOX 2715 PALM BCH FL 33480	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified <b>05/24/1991</b>	3a. Date of Last Report <b>02/14/1995</b>
4. FEI Number <b>65-0269654</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DE MENDOZA, MARIO G., III MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY, 6 FL PALM BCH FL 33480				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				<b>FL</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QURESHI, SHEKH-ABDUS S.	1.2 NAME	
STREET ADDRESS	250 ROYAL PALM WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QURESHI, SHEKH-ABDUS S.	2.2 NAME	
STREET ADDRESS	250 ROYAL PALM WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE MENDOZA, MARIO G., III	3.2 NAME	
STREET ADDRESS	251 ROYAL PALM WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, DEBRA	4.2 NAME	
STREET ADDRESS	251 ROYAL PALM WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>PERSSON, CARL J</del>	5.2 NAME	
STREET ADDRESS	<del>250 ROYAL PALM WAY</del>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<del>PALM BEACH FL</del>	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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)* **(x) 3/27/96** 407/833-8088  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Sheikh Abdus S. Qureshi, President** Date Daytime Phone #

CFR2E034 (12/95)