

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.



Principal Place of Business

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

05/24/1991

3a. Date of Last Report

02/14/1995

4. FEI Number

65-0269654

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ 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

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 new first when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST  
NAME QURESHI, SHEKH-ABDUS S.  
STREET ADDRESS 250 ROYAL PALM WAY  
CITY-STATE-ZIP PALM BEACH FL ☐ DELETE

1.1 TITLE  
1.2 NAME ☐ Change ☐ Addition  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE D  
NAME QURESHI, SHEKH-ABDUS S.  
STREET ADDRESS 250 ROYAL PALM WAY  
CITY-STATE-ZIP PALM BEACH FL ☐ DELETE

2.1 TITLE  
2.2 NAME ☐ Change ☐ Addition  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE AS  
NAME DE MENDOZA, MARIO G., III  
STREET ADDRESS 251 ROYAL PALM WAY  
CITY-STATE-ZIP PALM BCH FL ☐ DELETE

3.1 TITLE  
3.2 NAME ☐ Change ☐ Addition  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE AS  
NAME WILKINSON, DEBRA  
STREET ADDRESS 251 ROYAL PALM WAY  
CITY-STATE-ZIP PALM BCH FL ☐ DELETE

4.1 TITLE  
4.2 NAME ☐ Change ☐ Addition  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE S  
NAME ~~PERSSON, CARL J~~  
STREET ADDRESS ~~250 ROYAL PALM WAY~~  
CITY-STATE-ZIP ~~PALM BEACH FL~~ ☒ DELETE

5.1 TITLE  
5.2 NAME ☐ Change ☐ Addition  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME ☐ Change ☐ Addition  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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: (x)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Sheikh Abdus S. Qureshi, President

(x) 3/27/96

407/833-8088

Date

Daytime Phone #

CR2E034 (12/95)