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

**PROFIT CORPORATION ANNUAL REPORT** 

**1998** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

**FILED** 

Feb 18 1998 8:00am

Secretary of State

**DIVISION OF CORPORATIONS** 

POCO	MENI# K46200	) (/)			
	ON ENTERPRISES, INC.	` '			
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Principal Place	e of Business	Mailing Address		1 10010111 011 01010 01110 (1011 0011 0	DIN ANDIK DIDIK BABIK DIARK ANDI
% LEHMAN R GARRIGA JR		% LEHMAN R GARRIGA JR			
300 MARY ESTHER CUTOFF		300 MARY ESTHER CUTOFF			
MARY ESTHER FL 32569		MARY ESTHER FL 32569		DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified 11/15/1988	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2920858	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	e	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip	Country 30	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible  X Yes  No
24	9. Name and Address of Current		301	10. Name and Address of New Registerer	
GA	RRIGA, LEHMAN R. JR		81 Name		
300 MARY ESHTER CUTOFF					
MARY ESTHER FL 32569			B2 Street Add	ress (P.O. Box Number is Not Acceptable)	
****			63		
			84 City		85 Zip Code
				F	┗╵╵
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute of Florida, Such change was at	s, the above-named corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered
	constens a country of the country of the country				pholiumour as iddistored 1
agent. 1 a	m and accept the oblina	tions of Section 607.0505, Flor	rida Statutes.		` .
agent. I a	delma 14 au	LE LE	EHMAN R.GAI	RRIGA JR. V 2/16	2/98
SIGNATURE	Signature, typed or printed name of requirement agent	at and plu if applicable (NOTE	HMAN R. GA	RRIGAUL. 2/13 ired when reinslating) DATE	2/98
SIGNATURE	Signature, lyped or protest named required agent	ni and M if applicable (NOTE ) DIRECTORS	Registered Agent signature requi	RRIGA JR. V 2/16	ND DIRECTORS IN 12
SIGNATURE 12.	Signature, three or protect name of required agen OFFICERS AND	at and plu if applicable (NOTE	Registered Agent signature requi	RRIGAUL. 2/13 ired when reinslating) DATE	2/98
SIGNATURE  12.  TITLE  NAME	Signature, the of or pretted name to agree rad agent OFFICERS AND OFFICERS AND GARRIGA, LEHMAN R., JR.	ni and M if applicable (NOTE ) DIRECTORS	Registered Agent signature required  13.  1.1 TITLE  1.2 NAME	RRIGAUL. 2/13 ired when reinslating) DATE	ND DIRECTORS IN 12
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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 changes for on an attachment with an address.