

FILED
May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000064040

1. Corporation Name
 11206 POCKETBROOK INC.



Principal Place of Business 11206 POCKETBROOK DRIVE TAMPA FL 33635	Mailing Address 11206 POCKETBROOK DRIVE TAMPA FL 33635
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/21/1998	
21	26	4. FEI Number 59-3535115		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Country		29. Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PENA, MARK E 11206 POCKETBROOK DRIVE TAMPA FL 33635				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR, PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENA, ENRIQUE	1.2 NAME	JOSEPH E ABDO
STREET ADDRESS	11206 POCKETBROOK DRIVE	1.3 STREET ADDRESS	2301 DALE MABRY HWY
CITY-ST-ZIP	TAMPA FL 33635	1.4 CITY-ST-ZIP	TAMPA FL 33607
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	NAJEM CHALACHE
STREET ADDRESS		2.3 STREET ADDRESS	2301 DALE MABRY HWY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMPA FL 33607
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ZKHALIL ABDO
STREET ADDRESS		3.3 STREET ADDRESS	2301 Dale Mabry Hwy
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA FL 33607
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: _____ Date: 4/29/99 Daytime Phone # _____

CR2E034 (11/98)