

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

DOCUMENT # **K90318** (2)

1. Corporation Name
SABICO, INC.



Principal Place of Business

**C/O B. GONCER
1801 OCEAN DR. S. 301
JACKSONVILLE BEACH FL 32250**

Mailing Address

**C/O B. GONCER
15 ANCHORAGE COURT
SAVANNAH GA 31410-2124
US**

3. Date Incorporated or Qualified 05/19/1989	3a. Date of Last Report 07/06/1995
4. FEI Number 59-2950641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**HARTSFIELD, EMMETT L.
151 WYMORE RD
STE 151
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTSFIELD, EMMETT L.	1.2 NAME	
STREET ADDRESS	151 WYMORE RD, STE 151	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS FL	1.4 CITY-ST-ZIP	
TITLE	PS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONCER, MEHMET	2.2 NAME	
STREET ADDRESS	2331 COLTS BROOK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HERNDON VA	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONCER, FATMA B	3.2 NAME	
STREET ADDRESS	15 ANCHORAGE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARTANYAN, ARTO	4.2 NAME	
STREET ADDRESS	ABDI IPEKCI CAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ISTANBUL, TURKEY	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKMANLAR, ERD	5.2 NAME	
STREET ADDRESS	123 ANKARA MERCAN, TULZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	ISTANBUL, TURKEY	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-96

Date

912-898-1305

Daytime Phone #

CR2E034 (12/95)