

3-17-97 B-3139 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 17 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>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<br>05/19/1989   | 3a. Date of Last Report<br>06/06/1996 |
| 4. FEI Number<br>59-2950641   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | \$8.75 Additional<br>Fee Required     |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   | \$5.00 May Be<br>Added to Fees        |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|   |  |
|---|--|
| 2. Principal Place of Business<br>21. Suite, Apt. #, etc.<br>22. City & State<br>23. Zip<br>24. Country | 2a. Mailing Address<br>26. Suite, Apt. #, etc.<br>27. City & State<br>28. Zip<br>29. Country |
|---|--|

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

|          |  |
|----------|--|
| 81. Name | 82. Street Address (P.O. Box Number is Not Acceptable)<br>195 S. WESTMONTE DR, SUITE G |
| 83.      |  |
| 84. City | 85. Zip Code<br>FL   |

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 of officer or director or registered agent, 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                        | 1.1 TITLE   | <input checked="" 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                                    | 195 S. WESTMONTE DR, SUITE G   |
| CITY-ST-ZIP                | ALTAMONTE SPRGS FL       | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PS                       | 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                        | 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                        | 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                        | 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                      |                          | 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 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.

SIGNATURE: *M. Utku Goncer* MEHMET ULKU GONCER 3/10/97 912-898-1305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0475626

CR2E034 (9/96)