

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

FILED  
Mar 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1998

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  
1601 OCEAN DR. S. 301  
JACKSONVILLE BEACH FL 32250

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/19/1989	
22 City & State		27 1601 OCEAN DR. S. #301		4. FEI Number	
23 Zip		28 JACKSONVILLE BEACH FL 32250		59-2950641	
24 Country		29 Country		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 owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HARTSFIELD, EMMETT L. 195 S WETMORE DR. SUITE G. ALTAMONTE SPRINGS FL 32714		81 Name M. U. GONCER	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		1601 OCEAN DR S Suite 301	
		83	
		84 City JACKSONVILLE BEACH FL	
		85 Zip Code 32250	

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: *M. U. Goncer* DATE: 3/10/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	HARTSFIELD, EMMETT L.	1.2 NAME	
STREET ADDRESS	195 S. WESTMONTE DR. SUITE G	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRGS FL	1.4 CITY-ST-ZIP	
TITLE	PS	2.1 TITLE	
NAME	GONCER, MEHMET	2.2 NAME	
STREET ADDRESS	2331 COLTS BROOK DR	2.3 STREET ADDRESS	1601 OCEAN DR S #301
CITY-ST-ZIP	HERNDON VA	2.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	V	3.1 TITLE	
NAME	GONCER, FATMA B	3.2 NAME	
STREET ADDRESS	15 ANCHORAGE COURT	3.3 STREET ADDRESS	1601 OCEAN DR S #301
CITY-ST-ZIP	SAVANNAH GA	3.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	D	4.1 TITLE	
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	
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	
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.

SIGNATURE: *M. U. Goncer* M. U. GONCER 2/13/98 904-270-1012 904-249-5477

CR2E034 (10/97)