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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000039097 (6)

POCO ASSOCIATES, INC.

## **FILED** Feb 19 1997 8:00am Secretary of State



allo aguaynyuga

| Principal Place of Business Mailing Address                               |  |  |                                      |  | I SENDING IIN INSTITUTE NOTE E  | Aift Abina silka Laits Sasia   | 19111 1941 1941   |  |
|---|--|--|--------------------------------------|--|---|--|-------------------|--|
| 1371 SOUTHWEST 8TH STREET 1371 SOUTHWEST 8TH STRE POMPANO BEACH FL 33069- |  |  | -                                    |  |   |  |                   |  |
|   |  |  |                                      |  | 3. Date Incorporated or Qualified 05/03/1996  | 3a. Date of La   | st Report         |  |
| 2. Principal P  | lace of Business                               | 2a, Mailing Address  |                                      |  | 4. FEI Number   |  | Applied For       |  |
| 21  | <del></del>                                    | 26   |                                      |  | D-00620.V   | )  | Not Applicable    |  |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc   | 27                                   |  |   | 5. Certificate of Status Desired See Required Fee Required   |                   |  |
| City & State  | e  | City & State   |                                      |  | 6. Election Campaign Financing  |  | 00 May Be         |  |
| 23 Zin  | Country  | <b>28</b> Zip  | Country                              |  | Trust Fund Contribution   |  | ded to Fees       |  |
| Zip   |  |  | 30                                   |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  |                   |  |
| 24  | 25 g. Name and Address of Cur                  | rent Registered Agent  | [30]                                 | · · · · · · · · · · · · · · · · · · ·              | 10. Name and Address of New   |  |                   |  |
| MOE   | PSICK, MICHAEL D ESQUIRE                       | Toric trogiciored rigoria  | 81                                   | Name <   |   |  |                   |  |
|   |  | AD SHITE 203   |                                      |  | steven Fleckma  |  |                   |  |
| 7000 WEST PALMETTO PARK ROAD, SUITE 203 BOCA RATON FL 33433               |  |  | 82                                   | Street Address (P.O. Box Number is Not Acceptable) |   |  | ļ                 |  |
| 500   | A TATON 12 00-100                              |  | 83                                   |  | <u> </u>  |  |                   |  |
|   |  |  |                                      |  |   |  |                   |  |
|   |  |  | 84                                   | City Po  | moann Branch  | FL  85   | Zip Code          |  |
| 11. Pursuant  | to the provisions of Sections 607.0            | 0502 and 607.1508, Florida Sta                                     | atutes, the above                    | e-named corp                                       | poration submits this statement for th  | a museus of changin  | ng its registered |  |
| office or r   | egistere agent, or both, in the St             | ate of Florida. Such change was<br>bliggtions of Section 607 0505. | as authorized by<br>Florida Statutes | the corpora  | tion's board of directors. I hereby acc   | cept the appointmen  | t as registered   |  |
| 1   | K AT JUN                                       |  | , rio na otatato                     |  |   | 2/1/27   | 1                 |  |
| SIGNATURE   | Signature, typed or printed name of registered | agent and title if applicable (                                    | NOTE: Registered Ago                 | nt signature requi                                 | irod when reinstating)  | DATE   |                   |  |
| 12.   |  | AND DIRECTORS  | 13.                                  |  | ADDITIONS/CHANGES TO OF   |  |                   |  |
| TITLE   | DP   | ☐ DELETE   | 1.1 TITLE                            |  |   | ☐ Char   | nge [] Addition   |  |
| NAME  | FLECKMAN, STEVEN                               |  | 1.2 NAME                             |  |   |  | ļ.                |  |
| STREET ADDRESS  | 1371 SOUTHWEST 8TH STI                         |  | 1.3 STREET                           | ADDRESS  |   |  |                   |  |
| CITY - ST - ZIP   | POMPANO BEACH FL 3306                          |  | 1.4 CITY - S                         | T-ZIP  |   |  | 1 14/2:           |  |
| TITLE   | DVT  | L DELETE   | 2 1 TiTLE                            |  |   | ∐ Char   | nge 🗀 Addition [  |  |
| NAME  | FOX, MALCOLM                                   | ert.   | 2.2 NAME                             |  |   |  |                   |  |
| STREET ADDRESS  | 1371 SOUTHWEST 8TH STI                         |  |                                      | ADDRESS.   |   |  | }                 |  |
| CITY - ST - ZIP   | POMPANO BEACH FL 3306                          | DELETE   | 2. 4 CHY- S<br>3.1 TITLE             | ST - ZIP   |   | Char   | nge Addition      |  |
| TITLE   | BERNHEIM, MARTIN                               |  | 3.1 IIILE<br>3.2 NAME                |  |   | E 0160   |                   |  |
| NAME<br>STREET ADDRESS  | 1371 SOUTHWEST 8TH STI                         | REET   | 3.3 STREET                           | ADDRESS  |   |  |                   |  |
| CITY ST-ZIP   | POMPANO BEACH FL 3306                          |  | 3.4. C(TY - S                        |  |   |  |                   |  |
| TITLE   | , Jill MID DENOTH IE 0000                      | DELETE   | 4.1 TITLE                            | 1 20   |   | ☐ Char   | nge Addition      |  |
| NAME  |  |  | 4. 2 NAME                            |  |   | <b>_</b>   |                   |  |
| STREET ADDRESS  |  |  | 4.3 STREET                           | ADDRESS  |   |  |                   |  |
| CITY-ST-ZIP   |  |  | 4.4 CiTY-S                           |  |   |  |                   |  |
| TITLE   |  | ☐ DÉLETE   | 5.1 TITLE                            | 1 4.11   | <del></del>   | ☐ Char   | nge Addition      |  |
| NAME  |  |  | 5 2 NAME                             | · .  | 6000020   |  |                   |  |
| STREET ADDRESS  |  |  | 5 3 STREET                           |  | 6000020<br>-02/19/9701  | 081038   |                   |  |
| CITY-ST-ZIP   |  |  | 5 4 CHY-S                            |  | ***165.00   |  | ļ                 |  |
| TITLE   |  | DELETE   | 61 TITLE                             |  |   | Char   | nge 🔲 Addition    |  |
| NAME  |  |  | 6.2 NAME                             |  | .10   | -10  |                   |  |
| STREET ADDRESS  |  |  | 6.3 STREET                           | ADDRESS  | VB a  | +~17   |                   |  |
| City+St-ZiP   |  |  | 6 4 CITY-S                           |  |   |  | ŀ                 |  |
| h   | <del></del>                                    | WITE SERVICE STREET  | 17 7 7                               |  |   | According to the control of the cont | 41 1. 41          |  |

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.