
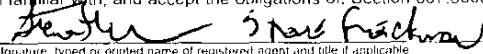


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

01671

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90135 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000039097					
1. Corporation Name POCO ASSOCIATES, INC.					
Principal Place of Business 1371 SOUTHWEST 8TH STREET POMPANO BEACH FL 33069			Mailing Address 1371 SOUTHWEST 8TH STREET POMPANO BEACH FL 33069		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 5030 champion BLVD		05/03/1996	
22 City & State		27 # 252		4. FEI Number	
23 Zip		28 Boca RATON FLA		65-0665870	
24 Country		29 33496		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30 USA		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
g. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
FLECKMAN, STEVEN 1371 SOUTHWEST 8TH STREET POMPANO BEACH FL 33069			81 Name Steve Fleckman		
			82 Street Address (P.O. Box Number is Not Acceptable) 5030 champion BLVD #252		
			83		
			84 City Boca Raton FL		
			85 Zip Code 33496		
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  Steve Fleckman DATE 3/15/99					
NOTE: Registered Agent signature required when reinstating.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME FLECKMAN, STEVEN			1.2 NAME		
STREET ADDRESS 1371 SOUTHWEST 8TH STREET			1.3 STREET ADDRESS 5030 champion BLVD #252		
CITY-ST-ZIP POMPANO BEACH FL 33069			1.4 CITY-ST-ZIP Boca RATON, FLA 33496		
2. TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME FOX, MALCOLM			2.2 NAME		
STREET ADDRESS 1371 SOUTHWEST 8TH STREET			2.3 STREET ADDRESS 5030 champion BLVD #252		
CITY-ST-ZIP POMPANO BEACH FL 33069			2.4 CITY-ST-ZIP Boca RATON FLA 33496		
3. TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME BERNHEIM, MARTIN			3.2 NAME		
STREET ADDRESS 1371 SOUTHWEST 8TH STREET			3.3 STREET ADDRESS 5030 champion BLVD 252		
CITY-ST-ZIP POMPANO BEACH FL 33069			3.4 CITY-ST-ZIP Boca RATON FLA 33496		
4. 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		
5. 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		
6. 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:

 **Steve Fleckman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99
Date

561-241-3997
Daytime Phone #

CR2E034 (1/98)