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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mörtham

FILED

May 23 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000062964 (7)

Principal Place of Business 8838 SOUTH ATLANTIC AVENUE NEW SMYRNA BEACH FL 32169 POOCONCEPTS, INC. Mailing Address P.O. BOX 3265 LIVERMORE CA 94551-326					5							
								3. Date In 07/25/	corporated or Qualifi	ed 3a.	Date of Last	Report
2. Principal Pl.	ace of Busin	ess	2s 26	Mailing Ad	ddress			4. FEL NUT	-33979	08		pplied For lot Applicable
Suite, Apt	Suite, Apt #, etc.			Suite, Apt. #, etc.			5, Certific	5, Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State			27	City & Sta	le			6, Election	Campaign Financin	g) May Be
3) Zip		Country	28	Zıp		Country			and Contribution			I to Fees
4)	j	25	29]		30	,	I	poration has liability Statutes	Yes	No No	6. 199.032,
	9. Name	and Address o	f Current Regi	stered Ager	nt		,	10, Name	and Address of New	Registere	d Agent	
	erson, <mark>si</mark> e					81	Name					
	CANAL STI		400			82	Street Add	dress (P.O. Box	Number is Not Acce	ptable)	· ·····	
NEW	SMYHINA	BEACH FL 32	168			83					· 	
		4				ļ	0.2				15-13:	0-4-
							City			-	65 Zip	Code
	to the proving egistered by m fanylis wil	ons of Sections ent, or both, in t h, and accept the	607,0502 and the State of Flor he obligations to	607.1508, Flirida, Such chool, Section 6	orida Statul nange was 07.0505, FI		' '	rporation submination's board of	s this statement for t directors. I hereby a	he purpose ocept the ap	of changing oppointment a	its registered s registered
SIGNATURE *	to the proving egistered by mi farving will signed by the DPST	or printed name of reg	607,0502 and the State of Flor the State of Flor the Shigations of pistered agentiand till ERS AND DIRE	le il applicable.	, DY	tes, the above authorized by orida Statute	e-named cor y the corpora s.	UCI uired when re-natating	1ers	he purpose ccept the ap	of changing oppointment a	
SIGNATURE	DPST DEMERS,	or punied name of reg OFFIC	gistered agent and till ERS AND DIRE	le il applicable.	, PPS (NOT	tes, the above authorized by orida Statute: TE: Registered Ao 13. 1.1 TITLE 1.2 NAME	e-named cor y the corpora s. P Q / enl signature req.	UCI uired when re-natating	(leks	he purpose ccept the ap	of changing oppointment a ST 9	RS IN 12
OR ATURE	DPST DEMERS, 6838 SOU	or profiled rather of reg	pistered agentiand til ERS AND DIRE	le il applicable.	, PPS (NOT	tes, the above authorized by orida Statute: TE: Registered Ao 13. 1.1 TITLE 1.2 NAME	e-named cor y the corpores	UCI uired when re-natating	(leks	he purpose ccept the ap	of changing oppointment a ST 9	RS IN 12
IGNATURE 2. ILLE AME IRELT ADDRESS ILY-ST-ZIP	DPST DEMERS, 6838 SOU	OFFIC GAIL B JTH ATLANTIC	pistered agentiand til ERS AND DIRE	le d'applicable	, PPS (NOT	tes, the above authorized by orida Statutes TE: Registered Ap 1.1 TITLE 1.2 NAME 1.3 STREET	e-named cor y the corpores	UCI uired when re-natating	(leks	he purpose ccept the ap	of changing oppointment a ST 9	RS IN 12
IGNATURE 2. ILE AME IBELT ADDRESS ITY-ST-ZIP ILE AME	DPST DEMERS, 6838 SOU	OFFIC GAIL B JTH ATLANTIC	pistered agentiand til ERS AND DIRE	le d'applicable	(NOT	Ites, the above authorized by oricia Statutes IE. Registered Ap 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME	re-named corry the corpores	UCI uired when re-natating	(leks	be purpose ccept the ap DATE	of changing opolntment a ST 9 ND DIRECTO Change	RS IN 12
IGNATURE 2. THE AME BREIT ADDRESS HY-ST-ZIP THE AME BREIT ADDRESS	DPST DEMERS, 6838 SOU	OFFIC GAIL B JTH ATLANTIC	pistered agentiand til ERS AND DIRE	le d'applicable	(NOT	Ies, the above authorized by cride Statutes TE: Registered Ao 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 22 NAME 23 STREET	re-named cory the corpores P	UCI uired when re-natating	(leks	he purpose ccept the ap	of changing opolntment a ST 9 ND DIRECTO Change	RS IN 12
IGNATURE 2. ILE BRET ADDRESS BY - ST-ZIP TLE AME BRET ADDRESS BY - ST-ZIP TLE AME BRET ADDRESS BY - ST-ZIP	DPST DEMERS, 6838 SOU	OFFIC GAIL B JTH ATLANTIC	pistered agentiand til ERS AND DIRE	le d applicable	(NOT	Ites, the above authorized by oricia Statutes IE. Registered Ap 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME	re-named cory the corpores P	UCI uired when re-natating	(leks	be purpose ccept the ap DATE	of changing opolntment a ST 9 ND DIRECTO Change	RS IN 12 Addition
IGNATURE 2. ILE MME BREIT ADDRESS IY-S1-ZIP ILE AME BREIT ADDRESS IY-S1-ZIP ILE ITHERET ADDRESS	DPST DEMERS, 6838 SOU	OFFIC GAIL B JTH ATLANTIC	pistered agentiand til ERS AND DIRE	le d applicable	DELETE	Ies, the above authorized by oricia Statutes TE: Registered Ap 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-	re-named cory the corpores P	UCI uired when re-natating	(leks	be purpose ccept the ap DATE	of changing opolntment a ST 9 ND DIRECTO Change	RS IN 12 Addition
IGNATURE 2. THE AME IBEET ADDRESS ITY - ST - ZIP THE AME IY - ST - ZIP THE AME AME	DPST DEMERS, 6838 SOU	OFFIC GAIL B JTH ATLANTIC	pistered agentiand til ERS AND DIRE	le d applicable	DELETE	Ies, the above authorized by authorized by authorized by Is. IE: Registered Ao 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY- 3.1 TITLE 3.2 NAME	re-named cory the corpores P	UCI uired when re-natating	(leks	be purpose ccept the ap DATE	of changing oppointment a ST 9 ND DIRECTO Change	RS IN 12 Addition
IGNATURE 2. THE MME IBELT ADDRESS ITY - ST - ZIP THE AME ITY - ST - ZIP THE AME IRELT ADDRESS ITY - ST - ZIP THE IRELT ADDRESS ITY - ST - ZIP	DPST DEMERS, 6838 SOU	OFFIC GAIL B JTH ATLANTIC	pistered agentiand til ERS AND DIRE	le d applicable	DELETE DELETE DELETE	Ies, the above authorized by authorized by authorized by Is. IE: Registered Ao 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-	re-named cory the corporate of the corpo	UCI uired when re-natating	(leks	be purpose ccept the ap DATE	of changing opolntment a ST 9 ND DIRECTO Change	RS IN 12 Addition Addition Addition
SIGNATURE 2. III.E AME IBELT ADDRESS III.Y - ST - ZIP III.E IAME	DPST DEMERS, 6838 SOU	OFFIC GAIL B JTH ATLANTIC	pistered agentiand til ERS AND DIRE	le d applicable	DELETE	IES, the above authorized by authorized by authorized by IE. Registered Ao IS. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY- 4.1 TITLE	re-named cory the corporate of the corpo	UCI uired when re-natating	(leks	be purpose ccept the ap DATE	of changing oppointment a ST 9 ND DIRECTO Change	RS IN 12 Addition Addition Addition
AME AME AME AME AME AME AME AME	DPST DEMERS, 6838 SOU	OFFIC GAIL B JTH ATLANTIC	pistered agentiand til ERS AND DIRE	le d applicable	DELETE DELETE DELETE	IES, the above authorized by authorized 13. I. TITLE 1.2 NAME 1.3 STREET 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY- 4.1 TITLE 4.2 NAME	re-named cory the corporate of the corpo	UCI uired when re-natating	(leks	be purpose ccept the ap DATE	of changing opolntment a ST 9 ND DIRECTO Change	RS IN 12 Addition Addition Addition
IGNATURE 2. THE AME IRELI ADDRESS ILY-ST-ZIP THE AME IRELI ADDRESS ILY-ST-ZIP THE AME ILLE ILLE	DPST DEMERS, 6838 SOU	OFFIC GAIL B JTH ATLANTIC	pistered agentiand til ERS AND DIRE	le d applicable	DELETE DELETE DELETE	IES, the above authorized by authorized 19 TE-Registered AQ 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREET	e-named cory the corpores PQI ent signature requests T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	UCI uired when re-natating	(leks	be purpose ccept the ap DATE	of changing opolntment a ST 9 ND DIRECTO Change	RS IN 12 Addition Addition Addition
AME AME AME IBELT ADDRESS INY-ST-ZIP TILE AME AME INY-ST-ZIP TILE AME INY-ST-ZIP ILE AME INY-ST-ZIP ILE AME INY-ST-ZIP ILE AME INY-ST-ZIP ILE AME	DPST DEMERS, 6838 SOU	OFFIC GAIL B JTH ATLANTIC	pistered agentiand til ERS AND DIRE	le d applicable	DELETE DELETE DELETE	IES, the above authorized by authorized 13. I. TITLE 1.2 NAME 1.3 STREET 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY- 4.1 TITLE 4.2 NAME	e-named cory the corpores PQI ent signature requests T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS	UCI uired when re-natating	(leks	be purpose ccept the ap DATE	of changing opolntment a ST 9 ND DIRECTO Change	RS IN 12 Addition Addition Addition Addition
22. THE AME THE TADDRESS THY-ST-ZIP THE AME THE TADDRESS THY-ST-ZIP THE THE THE TADDRESS THY-ST-ZIP THE	DPST DEMERS, 6838 SOU	OFFIC GAIL B JTH ATLANTIC	pistered agentiand til ERS AND DIRE	le d applicable	DELETE DELETE DELETE	IES, the above authorized by authorized 13. I. TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREET 4.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	e-named cory the corpores PQI TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	UCI uired when re-natating	(leks	be purpose ccept the ap DATE	of changing opointment a ST 9 ND DIRECTO Change	RS IN 12 Addition Addition Addition Addition
Z. THE AME IBELT ADDRESS INY-ST-ZIP THE AME IMEET ADDRESS INY-ST-ZIP THE AME INTELL ADDRESS INY-ST-ZIP THE AME AME INTELL ADDRESS INY-ST-ZIP THE AME AME AME AME	DPST DEMERS, 6838 SOU	OFFIC GAIL B JTH ATLANTIC	pistered agentiand til ERS AND DIRE	le d applicable	DELETE DELETE DELETE	TE: Ropistored AQ TE: Ropistored AQ T3. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	e-named cory the corpores PQI TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP	UCI uired when re-natating	(leks	be purpose ccept the ap DATE	of changing opointment a ST 9 ND DIRECTO Change	RS IN 12 Addition Addition Addition Addition
CONTACTOR CONTAC	DPST DEMERS, 6838 SOU	OFFIC GAIL B JTH ATLANTIC	pistered agentiand til ERS AND DIRE	le d applicable	DELETE DELETE DELETE	TE: Ropistored AQ TE: Ropistored AQ T3. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	e-named cory the corporate of the corpor	UCI uired when re-natating	(leks	be purpose ccept the ap DATE	of changing opointment a Signature of the second of the se	RS IN 12 Addition Addition Addition Addition Addition
CONTACTOR CONTAC	DPST DEMERS, 6838 SOU	OFFIC GAIL B JTH ATLANTIC	pistered agentiand til ERS AND DIRE	le d applicable	DELETE DELETE DELETE	TE: Repistered Ao 13. 1.1 TITLE 1.2 NAME 1.3 STREET 2.4 CITY-S 2.1 TITLE 2.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET	e-named cory the corporate of the corpor	UCI uired when re-natating	(leks	be purpose ccept the ap DATE	of changing opointment a ST 9 ND DIRECTO Change	RS IN 12 Addition Addition Addition Addition Addition
SIGNATURE 2. SILE AME TREET ADDRESS DIY-SI-ZIP TILE AME TREET ADDRESS TIY-SI-ZIP TILE AME TREET ADDRESS TY-SI-ZIP TILE AME TREET ADDRESS TY-SI-ZIP TILE AME TREET ADDRESS TY-SI-ZIP TILE TREET ADDRESS TY-SI-ZIP TILE TREET ADDRESS TY-SI-ZIP TILE TREET ADDRESS TY-SI-ZIP TILE	DPST DEMERS, 6838 SOU	OFFIC GAIL B JTH ATLANTIC	pistered agentiand til ERS AND DIRE	le d applicable	DELETE DELETE DELETE	TE: Replatered Ao 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.4 CITY-S 5.5 TITLE 5.7 NAME 5.8 STREET 5.4 CITY-S 5.4 CITY-S 5.4 CITY-S	e-named cory the corporate of the corpor	UCI uired when re-natating	(leks	be purpose ccept the ap DATE	of changing opointment a Signature of the second of the se	RS IN 12 Addition Addition Addition Addition Addition
SIGNATURE :	DPST DEMERS, 6838 SOU	OFFIC GAIL B JTH ATLANTIC	pistered agentiand til ERS AND DIRE	le d applicable	DELETE DELETE DELETE	TE: Repistered Ao 13. 1.1 TITLE 1.2 NAME 1.3 STREET 2.4 CITY-S 2.1 TITLE 3.2 NAME 3.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 6.1 TITLE 6.2 NAME	e-named cory the corporate of the corpor	UCI uired when re-natating	(leks	be purpose ccept the ap DATE	of changing opointment a Signature of the second of the se	RS IN 12 Additio Additio Additio

BIGONATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR / Date Daytime Priori