

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

FILED
Sep 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000019222 (6)
 1. Corporation Name
SILWAD, INC.



Principal Place of Business 901 9TH STREET NORTH ST. PETERSBURG FL 33702	Mailing Address 901 9TH STREET NORTH ST. PETERSBURG FL 33702
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified 03/07/1994	4. FEI Number 59-3229973	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
HAMED, GAZI M
901 9TH STREET NORTH
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMEER MUSA HAMED	1.2 NAME	
STREET ADDRESS	725 MONTICRISTO BLVD.	1.3 STREET ADDRESS	901 9th Street North
CITY-ST-ZIP	TIERRA VERDE FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE	PS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMED, GAZI M	2.2 NAME	
STREET ADDRESS	725 MONTICRISTO BLVD.	2.3 STREET ADDRESS	901 9th Street North
CITY-ST-ZIP	TIERRA VERDE FL 33715	2.4 CITY-ST-ZIP	St. Petersburg, FL 33702
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	700002649867
STREET ADDRESS		5.3 STREET ADDRESS	-09/28/98--01034--035
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
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.

12/19-24

2

Silwad, Inc.

Lucky 9 Food Mart
901 9th Street North
Saint Petersburg, Florida 33701-1513

Florida Department of State
Division of Corporations
PO BOX 1500
Tallahassee, Florida 32302-1500

1 Sept 1998

RE: DOCUMENT# P94000019222

To Whom It May Concern:

Enclosed please find a photo of the original Annual Report due to the State of Florida for Silwad, Inc. My accountant completed and mailed the report to my store. I never received the report in the mail. Since, I did not know of the annual report, and my accountant assumed that I received, paid, and mailed the report, the report was not mailed to the State. Once the second report came in the mail, and since I am always timely with my paperwork, I assumed that it was paid. I began researching and realized that it was not sent to State. My accountant provided me with a copy of the original he mailed to my store, which is the enclosed document. I have also enclosed the filing fee, and I am asking for a waiver of the penalties due. It was never my intention to withhold filing of the report, and I am acting in good faith now that I realize the situation.

Sincerely,



Sameer Musa Hamed