


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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 670372 (2) 1. Corporation Name SIDCO ENTERPRISES, INC.			
Principal Place of Business 1630 N. FEDERAL HWY. FT. LAUDERDALE, FL 33305-2553		Mailing Address 1630 N. FEDERAL HWY. FT. LAUDERDALE, FL 33305-2553	
2. Principal Place of Business 21 13200 CAIRO LANE Suite, Apt. #, etc.		2a. Mailing Address 26 13200 CAIRO LANE Suite, Apt. #, etc.	
22 City & State 23 OPA LOCKA, FL 33054 Zip Country 24 33054 25 USA		27 City & State 28 OPA LOCKA, FL 33054 Zip Country 29 33054 30 USA	
3. Date Incorporated or Qualified 05/06/1980		3a. Date of Last Report 04/26/1996	
4. FEI Number 59-2011472		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent GREGORY BLODIG TRADE CENTRE SOUTH, SUITE 700 100 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL. 33309		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	P <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	WEIL, RANDOLPH H.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	973 PARKSIDE CIR NORTH	1.2 NAME	
CITY- ST- ZIP	BOCA RATON, FL	1.3 STREET ADDRESS	
TITLE	D <input type="checkbox"/> DELETE	1.4 CITY- ST- ZIP	
NAME	ALLEN, DANIEL E.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13200 CAIRO LANE	2.2 NAME	
CITY- ST- ZIP	OPA LOCKA, FL	2.3 STREET ADDRESS	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.4 CITY- ST- ZIP	
NAME	KOUIASKY, HENRY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13200 CAIRO LANE	3.2 NAME	
CITY- ST- ZIP	OPA LOCKA, FL	3.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3.4 CITY- ST- ZIP	
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY- ST- ZIP		4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY- ST- ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY- ST- ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY- ST- ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY- ST- ZIP		6.3 STREET ADDRESS	
		6.4 CITY- ST- ZIP	
14. 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			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3-21-97 305-4855161 Date Daytime Phone #	

CR2E034 (9/96)