

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M77013**  
Corporation Name  
**SIDAN FINANCIAL SERVICES, INC.**

(4)

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>% SAAID SIDAN P.O. BOX 5144 HIALEAH FL 33014-8144</b>		Mailing Address <b>% SAAID SIDAN P.O. BOX 5144 HIALEAH FL 33014-8144</b>	
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>	Suite, Apt. #, etc.	<b>26</b>	Suite, Apt. #, etc.
<b>22</b>	City & State	<b>27</b>	City & State
<b>23</b>	Zip	<b>28</b>	Country
<b>24</b>		<b>29</b>	
<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
<b>SIDAN, SAAID 5397 W. 14TH CT. HIALEAH FL 33012</b>		<b>81</b> Name	
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
		<b>83</b>	
		<b>84</b> City	
		<b>FL</b> <b>85</b> 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

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>PD</b>	<b>1.1</b> TITLE	
NAME	<b>SIDAN, SAAID</b>	<b>1.2</b> NAME	
STREET ADDRESS	<b>5397 W. 14TH CT.</b>	<b>1.3</b> STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL</b>	<b>1.4</b> CITY - ST - ZIP	
TITLE	<b>ST</b>	<b>2.1</b> TITLE	
NAME	<b>SIDAN, AIDA</b>	<b>2.2</b> NAME	
STREET ADDRESS	<b>5397 W. 14TH CT.</b>	<b>2.3</b> STREET ADDRESS	
CITY - ST - ZIP	<b>HIALEAH FL</b>	<b>2.4</b> CITY - ST - ZIP	
TITLE		<b>3.1</b> TITLE	
NAME		<b>3.2</b> NAME	
STREET ADDRESS		<b>3.3</b> STREET ADDRESS	
CITY - ST - ZIP		<b>3.4</b> CITY - ST - ZIP	
TITLE		<b>4.1</b> TITLE	
NAME		<b>4.2</b> NAME	
STREET ADDRESS		<b>4.3</b> STREET ADDRESS	
CITY - ST - ZIP		<b>4.4</b> CITY - ST - ZIP	
TITLE		<b>5.1</b> TITLE	
NAME		<b>5.2</b> NAME	
STREET ADDRESS		<b>5.3</b> STREET ADDRESS	
CITY - ST - ZIP		<b>5.4</b> CITY - ST - ZIP	
TITLE		<b>6.1</b> TITLE	
NAME		<b>6.2</b> NAME	
STREET ADDRESS		<b>6.3</b> STREET ADDRESS	
CITY - ST - ZIP		<b>6.4</b> 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.

SIGNATURE:

*SAAID SIDAN*

**SAAID SIDAN**

*4/17/98*

CR2E034 (1097)