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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT #
Corporation Name

(4)

SIDAN FINANCIAL SERVICES, INC.

FILED Apr 29 1998 8:00am Secretary of State

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									AII 1911 II 1811
Principal Place of Business Mailing Address))) ())
% SAAID SIDAN % SAAID SIDAN									
P.O. BOX 516		P.O. BOX 5144 HIALEAH FL 33014-8144			DO NOT WRITE IN THIS SPACE				
INVECTOR	200140141	INCLINI	E 99917-0177			3. Date Incorporated or Qualified			
						04/14/1988			
2. Principal Pi	ace of Business	2a, Mailing	Address			4. FEI Number		Ar	oplied For
21		26				65-0049436		No.	ot Applicable
Suite, Apt. (W, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional	
22		27			C. Commons of Oldres Domos		Fee Re	equired	
City & State	1	City & State			6. Election Campaign Financing	_		May Be	
23		28		0		Trust Fund Contribution			to Fees
Ζιρ	Country	Zip		Country	y	8. This corporation owes or has p	_		tangible 7 No
24	25 g. Name and Address of Cu	[29]	30	I		Personal Property Tax due Jur 10. Name and Address of New R	-		7 140
CID		Tront tropistoreo Ag		81	Name	10. Harto and Address of How I	ogistered i	- Saut	
	DAN, SAAID								
	97 W. 14TH CT. NLEAH FL 33012				Street Add	lress (P.O. Box Number is Not Accepta	ible)		
) CHA	NEWN PL 33012			83					
				L					
				84	City		Fl	85 Zip (Code
11. Pursuant I	o the provisions of Sections 607	0502 and 607.1508.	Florida Statutes, 1	the abov	re-named cor	poration submits this statement for the	purpose of	changing if	ts registered
office or re	agistered agent, or both, in the S	State of Florida, Such a	change was auth	orized b	y the corpora	poration submits this statement for the tion's board of directors. I hereby acc-	opt the app	ointment as	registered
1	Training Will, Divid Decept the C	Angadoria di, decilori	001.0000, 110108	a Otalolo	φ.				
SIGNATURE	Signature, typed or printed name of jugisters	oldapilite if applicable	(NOTE Re	gistered Ag	ent signature requ	ired when reinstating)	DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	IS IN 12
TATLE	PD		DELETE	1.1 TITLE				Change	Addition
NAME	Sidan, Saaid			1.2 NAME					
STREET ADORESS	5397 W. 14TH CT.			1.3 STREE	T ADDRESS				
CITY-ST-ZIP	HIALEAH FL			1.4 CITY-	ST-ZIP				
TITLE	ST	L	DELETE	2.1 TITLE	j			Change	Addition
NAME	SIDAN, AIDA			2.2 NAME					
STREET ADDRESS	5397 W. 14TH CT.			2.3 STREE	T ADDRESS	4			
CITY-ST-ZIP	HIALEAH FL		DELETE.	2.4 CITY-	ST-ZIP			1-10	
TITLE		L	DELETE	31 TITLE				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS			1		T ADDRESS				
CITY-ST-ZIP TITLE		<u> </u>	DELETE	3 4. CITY-	ST-ZIP			Change	Addition
NAME		L	J OCCETE	4.1 TITLE	. 1			L. Citalige	L Audition
STREET ADDRESS			1	4. 2 NAME					
			1		T ADDRESS				
CITY-ST-ZIP TITLE			DELETE	4.4 CITY-5	SI - ZIP			Change	Addition
NAME		L	_ been	5.2 NAME				Onlings	I Addition
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP					i				
TITLE			DELETE	5.4 CiTY-1	D1-41F			Change	Addition
NAME		_		6.2 NAME					
STREET ADDRESS					T ADDRESS				
4.74E1 (CD1)1EQ0				AND DIRECT	1 PEDITEOR				

14. Thereby 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 corporating 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 on an attachment with an address. SAAID