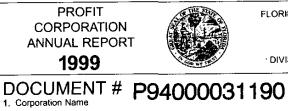
FILE-NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



THE SAYEED INTERNATIONAL CORPORATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90040 003 ***150.00

A CONCLUSE DES CUERT MENTE MUCCE NOTES ABOVE MUCCO PRESENTATION PROPERTY AND PROPERTY MANAGEMENT.

ı									
Principal Place of Business Mailing Address					#	~.			
8161 MIDDLE F		8161 MIDDLE FORK WAY							
JACKSONVILLE US	FL 32256	JACKSONVILLE FL 32256 US			DO NOT WRITE IN THIS SPACE				
05					3. Date Incorporated or Qualifed				
					03/23/1994				l
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		App	lied For	l
21		26			59-3249885		Not	Applicable	l
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		3.75 Ac		l
22		27		a. Certificate of Status Desired	<u> </u>	Fee Req	uired		
City & State		City & State		6. Election Campaign Financing	1 1	5.00 N	,	ĺ	
23		28			Trust Fund Contribution		Added to	Fees	ĺ
Zip	Country	Zip	Country	1	8. This corporation owes the currer		е г	٦	l
24	25	29 30)		Personal Property Tax. 10. Name and Address of New Re	Tistarad Assa		□No	l
Name and Address of Current Registered Agent				Name	10. Name and Address of New Re	gistered Agen			1
FISHER, MICHAEL W				Name					i
	INDPENDENT DRIVE		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)			ĺ
	. 2600		83	ļ					ĺ
	KSONVILLE FL 32202		03						
UNONOCITY ELE TE GEEGE			84	City		FL 85	Zip Co	ode	
11 Purcuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes.	the abov	e-named corr	poration submits this statement for the p	urpose of chang	jing its r	egistered	ĺ
l office or r	registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was auth	iorizea by	tne corporati	ion's board of directors. I hereby accept	the appointmen	it as regi	stered	
SIGNATURE						DATE			١.
	Signature, typed or printed name of registered agen		gistered Ager	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFI		RECTOR	RS IN 12	6
12.	D OFFICERS AN	D DIRECTORS	1.1 TITLE		ADDITIONS/CHANGES TO CITY		Change	Addition	1
	SAYEED, MOHAMMED F	_ beleve	1.2 NAME			_	Ū	_	,
NAME	8161 MIDDLE FORK WAY			T ADDRESS					1 8
STREET ADDRESS	JACKSONVILLE FL		l.					•	5
CITY-ST-ZIP TITLE	M	☐ DELETE	14 CITY-S 2.1 TITLE	51-ZIP			Change	Addition	0
	SAYEED, MUNIRA F	<u>_</u>	2.2 NAME			•			
NAME	:			T ADDRESS					
STREET ADDRESS			2. 4 CITY-5						
CITY-ST-ZIP TITLE	JAOROOIVIELE 1 E	☐ DELETE	3.1 TITLE	31-21			hange	Addition	
NAME		- ·	3.2 NAME					İ	ĺ
STREET ADDRESS			ľ	T ADDRESS					(
i			3.4 CITY-5						
CITY-ST-ZIP		DELETE	4.1 TITLE	31-21/			Change	Addition	-
			4. 2 NAME						
NAME CTREET ADDRESS				T ADDRESS					
STREET ADDRESS			4.3 STREE						
CITY-ST-ZIP		DELETE	5.1 TITLE	31-ZIF			Change -	Addition	-
NAME			5.2 NAME		•				1
				T ADDRESS		:			
STREET ADDRESS	1		5.4 CITY - S						{
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				Change	[] Addition	1
I INTE	1		_			_	-		

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 suppliemental 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR