

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90112 016 ***150.00

DOCUMENT # P95000033698

1. Corporation Name

WAHID ENTERPRISE, INC.



Principal Place of Business

**592 SW 27TH AVE
SUITE B201
FT LAUDERDALE FL 33312
US**

Mailing Address

**Right Stop Food Store
Wahid Enterprise Inc.
592 SW 27 Ave
Fort Lauderdale FL 33312**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1995

4. FEI Number

65-0579396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 592 SW 27 AVE

**26 Right Stop Food Store
Wahid Enterprise Inc.
592 SW 27 Ave
Fort Lauderdale FL 33312**

Suite, Apt. #, etc.

22 RIGHT STOP FOOD STORE

City & State

23 FORT LAUDERDALE

Zip Country **US**

24 FL 33312 25 BROWARD

Zip Country **US**

29 30

9. Name and Address of Current Registered Agent

**ISLAM, WAHIDUL
3550 BLUE LAKE DR.
SUITE B201
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81 Name ISLAM, WAHIDUL
82 Street Address (P.O. Box Number is Not Acceptable)
83 Right Stop Food Store
Wahid Enterprise Inc.
592 SW 27 Ave
84 City Fort Lauderdale FL 33312
85 Zip Code FL 33312

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

TITLE ☐ DELETE

**NAME PST
ISLAM, WAHIDUL
STREET ADDRESS 3550 BLUE LAKE DRIVE #B201
CITY-ST-ZIP POMPANO BEACH FL 33064**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**1.2 NAME PST
ISLAM, WAHIDUL (RIGHT STOP)
1.3 STREET ADDRESS 592 SW 27 AVE
1.4 CITY-ST-ZIP FORT LAUDERDALE FL 33312**

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

04-15-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)