

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000034965 (9)**

1. Corporation Name

SAIDI ENTERPRISES, INC.



Principal Place of Business

**1832 NO. GOLDENROD ROAD
ORLANDO FL 32807**

Mailing Address

**1832 NO. GOLDENROD ROAD
ORLANDO FL 32807**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3a. Date of Last Report	
21	2840 KINNON DR.	04/19/1996	
Suite, Apt. #, etc.		4. FEI Number	
22	ORLANDO, FL.	59-3377620	
City & State		Applied For	
23	32817	Not Applicable	
Zip		5. Certificate of Status Desired	
24	ORANGE	<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		6. Election Campaign Financing	
25	ORANGE	Trust Fund Contribution	
Zip		<input type="checkbox"/> \$5.00 May Be Added to Fees	
26	32817	8. This corporation owes or has paid the current year Intangible	
27	ORLANDO, FL.	Personal Property Tax due June 30.	
28	ORLANDO, FL.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29	32817		
30	ORANGE		

9. Name and Address of Current Registered Agent

**SAIDI, AHMAD Y
1832 NO. GOLDENROD ROAD
ORLANDO FL 32807**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	2840 KINNON DRIVE
84	ORLANDO,
85	City
86	Zip Code
87	FL 32817

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Ahmad Y. Saidi

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/15/97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAIDI, AHMAD Y	12 NAME	
STREET ADDRESS	1832 NO. GOLDENROD ROAD	13 STREET ADDRESS	2840 KINNON DRIVE
CITY-ST-ZIP	ORLANDO FL 32807	14 CITY-ST-ZIP	ORLANDO, FL. 32817
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:

Ahmad Y. Saidi

7/15/97

(407) 380-7333

CR2E034 (4/97)