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

Mailing Address

2840 KINNON DR

ORLANDO FL 32817

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

P96000034965 DOCUMENT

1. Corporation Name

Principal Place of Business

2840 KINNO DR

ORLANDO FL 32817

SAIDI ENTERPRISES, INC.

00					
		•		3. Date Incorporated or Qualifed 04/19/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 .		26		59-3377620	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	8.75 Additional	
22		27		5. Certicate of Status Desired	Fee Required
City & State City & State		·	6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intang	ible
24	25	29 30	0	Personal Property Tax.	Yes □No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Age	ent .
041	NI ALIBAAD V	;	81 Name		
	DI, AHMAD Y		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
2840 KINNO DR			000171001	S. M. Commission of the Commis	Augus Sara a garage
URL	ANDO FL 32817		83		
			84 City	FI 8	5 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					
Pulsuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the abovernance corporation submits this statement for the pulpose of changing its registered sept. 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 sept. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
40	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Re AND DIRECTORS	egistered Agent signature require		NDECTODE IN 10
12,	PSTD	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND I	Change Addition
TITLE	SAIDI, AHMAD Y		i i		·
NAME	2840 KINNO DR		1.2 NAME -		
STREET ADDRESS			1.3 STREET ADDRESS		Ì
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE		. □ DELETE	2.1 TITLE	£	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADORESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change
NAME			3.2 NAME	·	
STREET ADDRESS			3.3 STREET ADDRESS	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CITY-ST-ZIP			3.4. CITY-ST-ZIP	to the second se	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME]
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		'	4.4 CITY-ST-ZIP		ļ
TITLE	,	☐ DELETE	5.1 TITLE		Change
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-SJ-ZIP		,	5.4 CITY-ST-ZIP		
TITLE	\$1.50 p.s.	☐ DELETE	6.1 TITLE .		Change
NAME			6.2 NAME		
STREET ADDRESS	₽91.	i	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

SIGNATURE:

Block 12 or Block 13 if changed, of

FILED

Jan 28, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

01-28-1999 90056 003 ***150.00