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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P97000004277

Katherine Harris

Secretary of State

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90024 005 ***150.00

IDIC, INC	,								
Principal Place	e of Business	Mailing Address				IL DOMI BOMI DEME CIDA		† 1687 IUEI	
116 CANAL STR		116 CANAL STREET			-				
SUITE E		SUITE E		DO NOT WO	TE IN THE COAC	-			
NEW SMYRNA BEACH FL 32168		NEW SMYRNA BEACH FL 32168		DO NOT WRITE IN TH S SPACE 3. Date Ir corporated or Qualifed					
					· '				
0.00	lace of Business	2a. Mailing Address			01/15/1997 4. FEI Number		Ann	ied For	
	Golf Club Dr.	26 208 Golf Club Dr.			59-3444071	<u> -</u>	Not Applicable		
21 203 GOLT CLUB Dr. Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8	 -	Iditional		
22	# , 0.00.	27			5. Certificate of Status Desired	1 1	ee Rec		
City & Stat	te	City & State			6. Election Campaign Financing	\$ 5	5.00 A	lay Be	
New New	Smyrna Beach, Fl	New Smyrna Beach, Fl.			Trust Fund Contribution	1 1	dded to		
Zip	Courtry	Zip	Country		8. This corporation owes the cur			_	
24 32168 25 U.D.A. 29 32168			30 U.	S.A.	Personal Property Tax.			<u></u> №0	
	9. Name and Address of Current	Registered Agent		T	10. Name and Address of New	Registered Agent			
ZAVED TAMEN					wfik Zayed				
ZAYED, TAWFIK 116 CANAL STREET			82	Street A	Cdress (P.O. Box Number is Not Accept	able)			
SUITE E			83		C GOIT CIUD DI:				
NEW SMYRNA BEACH FL 32168									
(12)			84	City	w Smyrna Beach,	FI 85	321€	ode 18	
11 Pursuant	to the provisions of Sections 607 0502	and 607, 1508, Florida Statut	es, the abov			purpose of chang	ina its r	egistered	
11. Pursuant to the provisions of Sc ctions 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 circotors. I hereby accept the appointment as registered agent, am familiar with, and accept the objigations of Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed na ne of registered agent	and title if applicable. (NOT)	: Registered Age	nt signature re	equired when reinstating)	DATE		—	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIR	ECTOF	S IN 12	
TITLE	PD	☐ DELETE	1,1 TITLE		208 Golf Club Drive	4 ⊡ ¢i	nange	☐ Addition	
NAME	ZAYED, TAWFIK		1.2 NAME	İ					
STREET ADDRESS	1		1.3 STREE	T ADDRESS	New Smyrna Beach, F	1 32108			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	IYRNA BEACH FL 32168 14		ST-ZIP					
TITLE	STD	☐ DELETE	21 TITLE			—————————————————————————————————————	nange	☐ Addition	
NAME	ZAYED, NEFISSA		22 NAME						
STREET ADDRE 3S			2.3 STREE	TADDRESS	208 Golf Club Drive New Smyrna Beach, F	1 32168			
CITY-ST-ZIP			2, 4 CITY-	ST-ZIP	New Sillyl Ha beach, F				
TITLE	D	DELETE	3.1 TITLE]		X ☐ CI	range	Addition Addition	
NAME	ZAYED, AMIR		3.2 NAME	-	208 Golf Club Drive				
STREET ADDRESS	116 CANAL STREET, SUITE E		4	TADDRESS	New Smyrna Beach, F	1. 32168			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		3.4. CITY-	ST-ZIP		X_		Addition	
TITLE	D	☐ DELETE	4.1 TITLE			4 <u>.</u> 0	anye	Addition	
NAME	ZAYED, AYAH		4, 2 NAME		208 Golf Club Drive				
STREET ADORE IS	1			TADDRESS	New Smyrna Beach, F				
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	DELETE	4.4 CITY-S	ST-ZIP	Tiew Billy Little Bedelli, 1		nge	Addition	
TITLE			5.1 TITLE 5.2 NAME	ŀ		J			
NAME				T ADDRESS				1	
STREET ADDRESS			5.4 CITY-5	1					
CITY-ST-ZIP TITLE	 		6.1 TITLE				hange	Addition	
I DICE			0.1 111			1 (10)	iai igo		
NAME		☐ DELETE	6.1 NAME				lango		

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section #9.07.3)(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 a Lother like empowered.

SIGNATURE: Tawfik . Zayed, President