## 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 14, 1999 8:00 am Secretary of State

04-14-1999 90055 011 \*\*\*150.00

Principal Place of Business   Mailing Address   Like SWINTON COURT   JACKSONVILLE FL 32248   SWINTON COURT   JACKSONVILLE FL 32248   Applies Fox   Substance   S	i, Corporation	MENT # P98000 Name & WAHIDI, INC.	031346			
ACKSONVILLE FL 32246  2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated or Qualified 03/31/1998  3. FEL 1999ber 7-35 0 6 3 2 0	Principal Place	of Business	Mailing Address			) 100 (100 100 100 100 100 100 100 100 10
2. Principal Place of Business   2a, Mailing Address   4, FEI butper   35 0 6 3 2 0   Applied For   21   28   Sulte, Apt. #, etc.   29   Sulte, Apt. #, etc.   5, Certificate of Status Desired   \$8.75 Additional Fee Required   22   27   Country   27   29   30   Personal Property are Interest of Pees Required   28   29   30   Personal Property are Interest of Pees Required   29   29   30   Personal Property are Interest of Pees Required   29   29   30   Personal Property are Interest of Pees Required   20   S. Name and Address of Current Registered Agent   10, Name and Address of New Registered Agent   21   WAHIDI, SHAHID   12834 SWINTON COURT   22   Street Address (P.O. Box Number is Not Acceptable)   22   Street Address (P.O. Box Number is Not Acceptable)   23   Street Address of Pees Required   24   City   FL   Street Address of Pees Required   25   Street Address (P.O. Box Number is Not Acceptable)   Street Address of Pees Required   26   Street Address of Pees Required   10   Name and Address of New Registered Agent   27   Street Address (P.O. Box Number is Not Acceptable)   12834 SWINTON COURT   128   Street Address of Pees Required agent   128   Street Address of Pees Required agent   128   Street Address of Pees Required   128   Street Address of Pees Required	12634 SWINTON COURT 12634 SWINTON COURT					
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Principal Place of Business   2a, Mailing Address   2.   Applied For   12   28   28   3.   Applied For   Not Applicable   Suite, Apt. #, etc.   Suite, A		·				
Sulfa, Apt. #, etc.		i	Jan Ja			03/31/1998
Suite, Apt. #, etc. 22  Suite, Apt. #, etc. 23  City & State 24  City & State 25  Country 26  Space	2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number 2 ( Applied For Applied For
27   City & State	21					
City & State	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			F Cartifonto of Status Desired
Zip   Country   Zip   Country   Street Country   Street Address of Country   Street Address of Current Registered Agent   Street Address of Current Registered Agent   Street Address of New Registered						1 es l'equired
Zip	City & State		<b>⊢</b>	City & State		
25						
9. Name and Address of Current Registered Agent  WAHIDI, SHAHID 12634 SWINTON COURT JACKSONVILLE FL 32246  63  64 City FL  65  65  66 City FL  67  67  67  67  67  67  67  67  67  6		<u> </u>		¬ ´		
WAHIDI, SHAHID 12834 SWINTON COURT JACKSONVILLE FL 32246  ### City FL ### Is It in the provisions of Sections 607.0502 and 607.1508, Florida Statutias, 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' Stututes, 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' Stututes, 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' Stututes.  ### SIGNATURE   Signature	24			0		Tersonal Topony Tux.
WAHIDI, SHAHID 12634 SWINTON COURT JACKSONVILLE FL 32246  82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City  FL 85 Zip Code 85 City Street Address (P.O. Box Number is Not Acceptable) 86 City Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 City Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City Street Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 86 City Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Street Address (P.O. Box Number is Not Acceptable) 82 Ip City Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City Street Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 86 City Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 City Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 City Street Address (P.O. Box Number is Not Acceptable) 81 City Street Address (P.O. Box Number is Not Acceptable) 82 Ip City Street Address (P.O. Box Number is Not Acceptable) 84 City Street Address (P.O. Box Number is Not Acceptable) 85 Ip City Street Address (P.O. Box Number is Not Acceptable) 85 Ip City Street Address (P.O. Box Number is Not Acceptable) 85 Ip City Street Address (P.O. Box Number is Not Acceptable) 85 Ip City Street Address (P.O. B		9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered Agent
12634 SWINTON COURT JACKSONVILLE FL 32246  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City FL 85 Zip Code  15 Fig. Firmatiant to the provisions of Sections 507.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of change agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of change agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of change agent. I am familiar with, and accept the obligations of change in the purpose of changing its registered office of change in the purpose of changing its registered office of change in the purpose of changing its registered of changing its registered of changing its regis	WAH	IDI SHAHID		1	, traine	, , , , , , , , , , , , , , , , , , , ,
JACKSONVILE FL 32246    83				82	Street Add	ress (P.O. Box Number is Not Acceptable)
### City FL   85 Zip Code   ##	•			02	1	
### Titre 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 agent, or both in the State of Florida Statutes.    SIGNATURE     Signature, provisions of Sections 607.0505, Florida Statutes.   NOTE: Replated Agent signature required when renstating.   DATE	المحرا	CONTRILLE 1 E GZETO		03		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algoriting required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE DPST WAHIDI, SHAHID 12. NAME WAHIDI, SHAHID 12. NAME STREET ADDRESS CITY.ST-ZIP JACKSONVILLE FL 32246 14. CITY.ST-ZIP TITLE 12. OBJECTORS IN 12. THE Change Addition 14. CITY.ST-ZIP TITLE 12. OBJECTORS IN 12. THE ADDRESS CITY.ST-ZIP TITLE 13. TITLE 14. CITY.ST-ZIP 14. CITY.ST-ZIP TITLE 15. TITLE 16. Change Addition 16. Change Addition 17. ST-ZIP TITLE 18. CHANGE 18. STREET ADDRESS CITY.ST-ZIP CHANGE				84	City	85 Zip Code
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algoriting required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE DPST WAHIDI, SHAHID 12. NAME WAHIDI, SHAHID 12. NAME STREET ADDRESS CITY.ST-ZIP JACKSONVILLE FL 32246 14. CITY.ST-ZIP TITLE 12. OBJECTORS IN 12. THE Change Addition 14. CITY.ST-ZIP TITLE 12. OBJECTORS IN 12. THE ADDRESS CITY.ST-ZIP TITLE 13. TITLE 14. CITY.ST-ZIP 14. CITY.ST-ZIP TITLE 15. TITLE 16. Change Addition 16. Change Addition 17. ST-ZIP TITLE 18. CHANGE 18. STREET ADDRESS CITY.ST-ZIP CHANGE						T L
Signature, typed or printing name of registered agent and tible if applicable. (NOTE: Registered Agent signature recorded when remataling)   UATE	agent. I as	to the provisions of Sections 607,050, egistered agent, or both, in the State of familiar with, and accept the obligations are supported to the sections of the section of the sect	2 and 607.1508, Florida Statutes of Florida Such change was aut tions of, Section 607.0505, Florid	thorized by da Statutes	<del>ithe corporali</del> s.	ion's board of directors. I hereby accept the appointment as registered.
TILE DPST DELETE	SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: F	Registered Age	nt signature require	ed when reinstating) DATE
MAME				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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5 A CITY CT 710				5.3 STREE	ET ADDRESS	
	CITY-ST-ZIP			5.4 CITY-	ST-ZIP	

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

Change

Addition