

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000034129**

1. Corporation Name  
**SAYYED, INC.**

Principal Place of Business  
**531 W MAGNOLIA ST  
ARCADIA FL 34266**

Mailing Address  
**531 W MAGNOLIA ST  
ARCADIA FL 34266**

FILED

99 JUL 29 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/13/1998**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

4. FEI Number  
**51629 0102**  
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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ALOAWASMY, MOHDGAZAL S  
200 72ND AVE N #269  
ST. PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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 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	PTD	<input type="checkbox"/> DELETE
NAME	ALOAWASMY, MOHDGAZAL S	
STREET ADDRESS	200 72ND AVE NORTH #269	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	IBRAHIM, AKRAM	
STREET ADDRESS	531 W MAGNOLIA ST	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

**MOHDGAZAL S ALOAWASMY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**July 12, 1999** **(941) 992-3312**  
Date Daytime Phone #

CR2E034 (5/99)

**HACKNEY MANLEY  
& COMPANY LLP**  
CERTIFIED PUBLIC ACCOUNTANTS

124 WEST OAK STREET  
POST OFFICE BOX 1359  
ARCADIA, FLORIDA 34265

(941) 494-6495 FAX: (941) 494-9578

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July 14, 1999; 10:28 AM

Division of Corporations  
Annual Reports Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Good morning, Sir or Madam:

This letter is in response to the late filing of the annual reports for Sayyed, Inc., EIN 51-6290102. We feel we have reasonable cause for the abatement of the late filing fee of \$400.

The taxpayer sustained substantial fire damage to the business in February of 1999. The fire destroyed all of the office and part of the store area. Included in the office was the accounting and tax information, which included the original annual report.

The business has since been rebuilt and the taxpayer is diligently working to get all undone work that was destroyed in the fire completed. The annual report is part of that.

Based on the damage caused by the fire we feel that we have reasonable cause for the abatement of the \$400 late filing fee on the annual report.

If you have any further questions or concerns do not hesitate to contact me at the above address and telephone number.

Awaiting your reply,

  
Andrew T. Ames, CPA  
Partner