Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

Aladdin, Inc.

PO Box 630

Clarksburg, WV

DOCUMENT # 1. Corporation Name

ALADDIN, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Principal Place of Business	Mailing Address	
4060 NE SUGARHILL AVE. JENSEN BEACH FL 34957 US	4060 NE SUGARHILL AVE. JENSEN BEACH FL 34957 US	

26

27

28

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90010 035 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

07/20/1978

59-1853211

4. FÉI Number

Zip	Country	Zip	Countr	y	8. This corporation owes the o			
24	25	29 26 302 - 06 30	30		T Gradital Troperty Taxi	Yes-	-LNo	
	9. Name and Address of Current F	Registered Agent		,	10. Name and Address of Ne	w Registered Agent		
			81	I Name				
	CRARY, LARRY E. III			82 Street Address (P.O. Box Number is Not Acceptable)				
555 COLORADO AVENUE								
STUART, FL 33494			8:	3				
			84	l City		85 Zip	Code	
			°	City		FL S E		
11. Pursuant	to the provisions of Sections 607.0502 agistered agent, or both, in the State of	and 607.1508, Florida State	utes, the above	/e-named corp	poration submits this statement for	the purpose of changing it	s registered egistered	
agent. I ar	m familiar with, and accept the obligation	ns of, Section 607.0505, F	lorida Statute	S.		-		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if annicable (NO:	TE Registered And	ant signature recur	red when reinstating)	DATE		
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · ·	13.	agraidic raqui	ADDITIONS/CHANGES TO		ORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	T		☐ Change		
NAME	HARROLD, DON C.		1.2 NAME				ì	
STREET ADDRESS	4060 NE SUGARHILL AVE.		1.3 STRE	ET ADDRESS				
	JENSEN BEACH FL		1.4 CITY-	ST-7IP			ł	
CITY-ST-ZIP TITLE	VP	☐ DELETE	2.1 TITLE			⊡ change	☐ Addition	
NAME	HARROLD, DON C., JR.		2.2 NAME				- 1	
STREET ADDRESS	COUNTRY CLUB RD.		I	ET ADDRESS	6 Cameron Road			
CITY-ST-ZIP	CLARKSBURG WV		2. 4 CITY		o cameron noa	· . -		
TITLE	T	☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME	JOHNSTON, ROBERT G.	_	3.2 NAME					
STREET ADDRESS	1720 N.W. RIVER TRAIL			ET ADDRESS			{	
	STUART FL		3.4. CITY-	1				
CITY-ST-ZIP	S	□ DELETE	4.1 TITLE			[] Change	Addition	
NAME	HARROLD, JEAN		4. 2 NAM				1	
STREET ADDRESS	4060 NE SUGARHILL AVE.		1	ET ADDRESS				
	JENSEN BEACH FL		4.4 CITY-		عاد سعدر يا د	والمتحالي التسمي		
CITY-ST-ZIP	JEHOLH BEAULITE	☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME		_	5.2 NAME	l l				
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			-	
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME				ł	
STREET ADDRESS			6.3 STRE	ET ADDRESS			1	
			6.4 CITY-	ST-ZIP			. [
CITY-ST-ZIP	L					as I further sortifu that the	 	

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 supplied antal 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 of trusted 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 our an attachnish with an address with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR