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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



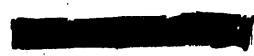
FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F63366

Katherine Harris

May 10, 1999 8:00 am
Secretary of State 05-10-1999 90227 042 ***158.75



ALLAD INVESTMENT, INC.							
,		•					
				_			
Principal Place	of Business ,	Mailing Address		· .			
1220 UNION AVENUE 1220 UNION AVENUE							
MEMPHIS TN 38104 MEMPHIS TN 38104					DO NOT WRITE BY THIS SPACE		
					3. Date Incorporated or Qualifed		
	•				01/15/1982		
		2a, Mailing Address			4. FEI Number	Applied For	
L	lace of Business	26 Vianning Address			62-1131578	Not Applicable	
6		Suite, Apt. #, etc.				\$8.75 Additional	
22 27		27			5. Certifcate of Status Desired	Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
		28			Trust Fund Contribution	Added to Fees	
Zip	Zip Country Zip		Country		8. This corporation owes the current)	ear Intangible	
24	25	29 30	<u> </u>		Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regi	stered Agent	
	405 DU 500		81	Name			
	ABE, BILL, ESO.		82	Street A	Address (P.O. Box Number is Not Acceptable)		
319 N. MAGNOLIA AVENUE			<u> </u>				
ORLANDO FL 32802			83		_		
.	A the same was a series of the		84	Cily		85 Zip Code	
		2 1 2 2 4 5 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the ebou	namad s	corporation submits this statement for the pure	pose of changing its registered	
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 of the corporation o							
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registered agen	d and title if applicable (NOTE: Re	gistered Ager	il signature re	ישוייאו וושויא טוויואן וושויא טווייאן איז	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PT	☐ DELETE	1.1 TITLE	-		Change Addition	
NAME	ALLAD, SHABIR		1.2 NAME		•		
STREET ADDRESS	1220 UNION AVENUE		1.3 STREE	TADDRESS		·	
CITY-ST-ZIP	MEMPHIS TN		14 CITY-S	T-ZIP			
TITLE	VS	☐ DELETE	2.1 TITLE	ł	У	☐ Change ☐ Addition	
NAME	ALLAD, LINDA F		2.2 NAME	. [·	
STREET ADDRESS	1220 UNION AVE		2.3 STREE	TADDRESS			
CITY-ST-ZIP	MEMPHIS TN		2.4 CITY-5	ST-ZIP		Change Addition	
TITLE		☐ DELETE	3.1 TITLE	Ī		Criange Change	
NAME .			32 NAME				
STREET ADDRESS			3.3 STREE	TADORESS		Į.	
CITY-ST-ZIP			3.4. CITY-5	T-ZIP		Change Addition	
TITLE		☐ DELETE	4.1 TITLE		•		
NAME	. :		4. 2 NAME		•	Ì	
STREET ADDRESS				TADDRESS		•	
CITY-ST-ZIP		F7 55/ 5	4.4 CITY-S	T-ZIP		Change Addition	
TITLE	a possession of the second	☐ DELETE	5.1 TITLE	.	, a man		
NAME:		er han	52 NAME	. ,		******	
STREET ADDRESS			l	T ADDRESS		* * *	
CITY-ST-ZIP		Посте	5.4 CITY-S 6.1 TITLE	1-21		☐ Change ☐ Addition	
TITLE		☐ DELETE	6.2 NAME				
NAME				TADDRESS]			
STREET ADDRESS		•	6.4 CITY-S	ļ			
CITY-ST-ZIP			J., J., 1.0				

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 changing, or on an attachment with an address, with all other like empowered.

SIGNATURE: