## 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 Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90098 040 \*\*\*150.00

## DOCUMENT # L66409

ARAMAT, INC.

Principal Place	of Dunings	Mailing Address					I INDIINII DID DIII DIED LEII DIDI	BUILD   EIL DI DI DI DI		T BEBAT BLUIT IEUF
		•		407		}				
1536 DUNWOODY VILLAGE PKWY 1536 DUNWOODY VILLAGE PKWY										
SUITE 120 SUITE 120 DUNWOODY GA 30338 DUNWOODY GA 30338							DO NOT WRITE IN THIS SPACE			
US US							3. Date Incorporated or Qualif	ed		
••						1	04/12/1990			
2. Principal P	lace of Business	2a. Mailing Addre	ess -				4. FEI Number	-	A	Applied For
	HOUZE WAY	26 600	HOUZ	E \	144		58-1986562			Not Applicable
Suite, Apt.		Suite, Apt. #,			-				\$8.75	Additional
	TE B-6	27 5017	TE B	-6			5. Certificate of Status Desired	لــا	Fee F	Required
City & Stat		City & State					6. Election Campaign Financia	רין פי	\$5.00	May Be
23 P-0	SWELL GA	28 ROS	WELL	√ G	4		Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip		Country			8. This corporation owes the o	urrent year Int	angible	
24 300	76 25 USA	29 3007	© 30	\ \tau_{\cdot}	12		Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	Registered Agent					10. Name and Address of Ne	w Registered	Agent	
				81	Name					
CHRIS CADENHEAD						Addross	(P.O. Box Number is Not Acce	entable)		
420 E. PINE VIEW AVENUE					Sueet	Audiess	(F.O. BOX NUMBER IS NOT ACC	,piaoio)		
CRESTVIEW FL 32539				83						
1					ļ				<del></del>	
				84	City			FL	85 Zip	Code
44 Durouget	to the provisions of Sections 607.0502	and 607 1508 Florid	la Statutes	the above	e-namer	Corpora	tion submits this statement for	he purpose of	changing if	ts registered
office or r	coletored agent or both in the State of	f Florida, Such chanc	na was autho	nized hv	the com	oration's	board of directors. I hereby ac	cept the appoi	ntment as r	registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0	1505, Florida	Statutes	•					Í
SIGNATURE			WOTE B	:		vice of the	en reinstating)	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		(NOTE, Reg	13.	t signature	radanec wi	ADDITIONS/CHANGES TO	<del> </del>	D DIRECT	ORS IN 12
TITLE	DP OFFICERS AND		LETE	1.1 TITLE		DP	ADDITIONO/CITATIONO TO	OTT TO LITTO 7 III	Change	
NAME	MALAS, MOHANNAD			1.2 NAME			1 4 C   1 L M   1 A   1 A   1 A   1	. ~		,
· -							VALAS MOHANIMAD			
STREET ADDRESS	·					74	392 COAST #	(M) X-1 ~	216	61
CITY-ST-ZIP	DUNWOODY GA	По	ELETE	1.4 CITY-S	- ZIP	F~	-GUHA DOR	<del>n, Ch</del>	Change	B [ ] Addition
TITLE	D		ELCIE	2.1 TITLE		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				,
NAME	MALAS, SAID H.			2.2 NAME		411	LAS, SAID H.	CTH D		
STREET ADDRESS	1536 DUNWOODY VILLAGE PKWY, SUITE 120			2.3 STREET					,-6 1	
CITY-ST-ZIP	DUNWOODY GA			2.4 CITY-S	T-ZIP		swell, GA	2001	Change	e
TITLE	DS	∐Di	ELETE	3.1 TITLE		DS	,		Change	, [] Addition
NAME	MARGOLIAS, SOL			3.2 NAME			rgours, sc	عهور رساد	3#1	19an
STREET ADDRESS	3678 STEWART RD., SUITE B-4			3.3 STREET	ADDRESS		ON COURSE P	Kd' 211	_ ~ <i>_</i>	-110
CITY-ST-ZIP	DORAVILLE GA			3.4. CITY-S	T-ZIP	7:4	LANTA, GA	<u> 2032</u>	<u>×</u>	
TITLE		□ Di	ELETE	4.1 TITLE			,		☐ Change	e 🗌 Addition
NAME:				4. 2 NAME						Ì
STREET ADDRESS				4.3 STREET	ADDRESS					
1						1				l l
CITY-ST-ZIP				4.4 CITY-S	T-ZIP					<u>.</u>

14. I hereby certify that the information supplied with this furth foes 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 effort all fellow 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 require it is the 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 any attainment with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 - 15 - 9.9

949) 874-57&

☐ Change

Addition

..CR2E034.(11/98)