

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 10, 1999 8:00 am
Secretary of State

03-10-1999 90273 034 ***150.00

DOCUMENT # P40289

1. Corporation Name
TALA CORP.

Principal Place of Business
1536 DUNWOODY VILLAGE PARKWAY, SUITE 120
DUNWOODY GA 30338-4002

Mailing Address
1536 DUNWOODY VILLAGE PARKWAY, SUITE 120
DUNWOODY GA 30338-4002



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1992

4. FEI Number

58-1706121

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 600 HOUZE WAY

Suite, Apt. #, etc.

22 SUITE B-6

City & State

23 ROSWELL, GA

Zip

24 30076

Country

25 USA

2a. Mailing Address

26 600 HOUZE WAY

Suite, Apt. #, etc.

27 SUITE B-6

City & State

28 ROSWELL, GA

Zip

29 30076

Country

30 USA

9. Name and Address of Current Registered Agent

CHRIS CADENHEAD
420 E. PINE VIEW AVENUE
CRESTVIEW FL 32539

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 CP ☐ DELETE
NAME MALAS, MOHANNAD
STREET ADDRESS 5010 TRAILRIDGE WAY
CITY-ST-ZIP DUNWOODY GA

TITLE S ☐ DELETE
NAME MALAS, RANA
STREET ADDRESS 5010 TRAILRIDGE WAY
CITY-ST-ZIP DUNWOODY GA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CP ☒ Change ☐ Addition
1.2 NAME MALAS, MOHANNAD
1.3 STREET ADDRESS 31591 BLUFF DRIVE
1.4 CITY-ST-ZIP LAGUNA BEACH, CA 92651

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME MALAS, RANA
2.3 STREET ADDRESS 31591 BLUFF DRIVE
2.4 CITY-ST-ZIP LAGUNA BEACH, CA 92651

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE

Date

Daytime Phone #

3/3/99 (770) 395-6900

CR2E034 (11/98)