SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortnam ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000046899 (7) **DOCUMENT #** ALLADIN, INC. Principal Place of Business Mailing Address 42 BLANDING BLVD. 42 BLANDING BLVD. **ORANGE PARK FL 32073 ORANGE PARK FL 32073** 3. Date incorporated or Qualified 3a. Date of Last Report 06/13/1995 **FEL Number** Applied For Mailing Address Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite Ant #. etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s 199 032 Florida Statutes Yes No Country Country Zφ 30 29 24 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name NOEMAN, ALAA 42 BLANDING BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 **ORANGE PARK FL 32073** 83 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 697 0509 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Segmentary, type of our printed frames of response of a generated the diapplicable (NOTE: Here tend Agent signature required when relialating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TilliE NOEMAN, ALAA CR2E034 1.2 NAME NAME 1591 LANE AVENUE SOUTH NO. 122B 13 STREET ADDRESS STREET ADORESS JACKSONVILLE FL 32210 14 CHY - ST - ZIP City-ST-ZIP Change Addition DELETE 21 TiTLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADORESS 2 4 CITY - ST - ZIP CITY - ST - ZIF Change Addition 31 TITLE . DELETE HILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CHTY-ST-ZIF CITY-ST-ZIP Change Addition DELETE 4.1 HILE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE 11TLE 5.2 NAME 5.3 STHEET ADORESS STREET ADDRESS 5.4 CHTY - S? - ZIP CITY - ST - ZIP 900001884689 ange 🗌 Addition DELETE 6.1 TIBLE -07/05/96--01029--038 \*\*\*225.00 TITLE 6.2 NAME 63 STREET ADORESS

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

64 CITY - ST - ZIP

STREET ADDRESS

City-ST-ZIP

6/14/96 (9.14) 272-610 6 (5) 13/96 CP