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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthas

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000046899 (7)

ALLADIN, INC.

Principal	Place	of	Business
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Mailing Address

42 BLANDING BLVD.

FILED May 12 1997 8:00am Secretary of State



ORANGE PARK	FL 82073	ORANGE PARK FL 32073-2619			V. 4 - 35				
						3. Date Incorporated or Qualified 06/13/1995	3a. Da		ast Report
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-3315419			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	***************************************			5. Certificate of Status Desired			.75 Additional ee Required
City & State	o ·	City & State				Election Campaign Financing Trust Fund Contribution			5.00 May Be dded to Fees
Zip	Country	Zip	Cour	nlry		8. This corporation has liability for in	ntangible	tax ur	dor s. 199.032,
24	25	29	30				Yes [
	9, Name and Address of Currer	it Registered Agent		200		10. Name and Address of New Reg	gistered /	Agent	
	EMAN, ALAA		ĺ	81 Na	me				
	BLANDING BLVD.			82 Str	eet Addre	ess (P.O. Box Number is Not Acceptab	le)		
ORA	NGE PARK FL 32073								
•				83					
				84 Čit	·			85	Zip Code
				- 1			FL	_ j	
office or r agent. I a SIGNATURE	egistered agent, or both, in the State im familiar with, and accept the oblig	of Florida, Such change was ations of, Section 607,0505, Fl	authorized lorida State	l by the ites.	corporati	oration submits this statement for the p on's board of directors. I hereby accep	i the app	ointmo	ent as registered
OIGIVATORE.	Signature, typed or printed name of registered ago		I (fingistered	Agent sign	ature require	d when reinstaling)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
· TITLE	D	DELETE	1.1 TA						nange [] Addition
NAMÉ	NOEMAN, ALAA	10 100h	1.2 NA	ME					
STREET ADDRESS	1591 LANE AVENUE SOUTH I	10. 122B	1.3 \$18	REET ADDR	'SS				
CITY-ST-ZIP	JACKSONVILLE FL 32210			Y-S1-71P		and the second s		T***	
TITLE		DELETE	2.110					☐ Cr	iange
NAME			2.2 NA						
STREET ADDRESS			2.3 \$11	REE1 ADDR	iss)				
CITY-ST-ZIP				TY-ST-ZIP				T 1 6	
TITLE .		☐ DELETE	3 1 TH					∏ Cł	ange Addition
NAME			3.2 NA						
STREET ADDRESS				REET ADDR	SS				
CiTY-ST-ZIP		Plant		1Y - S1 - ZIP					Alexa
TITLE		☐ DELETE	41111						nange Addition
NAME	3		4. 2 N/						
STREET ADDRESS			1	REET ADOR	SS				
ÇITY-ST-ZIP		D btter/		Y - S1 - ZIP				T-1 6	
TITLE		☐ DELETE	5.1 1/1					C	nange [_] Addition
NAME			5.2-NA						
STREET ADDRESS				REET ADDR	.SS				
CITY-ST-ZIP		Drug		Y-S1-7 P				FT 6	Manaa
TITLE		☐ DELE16	6.1111						nange L Addition
NAME			6.2 NA						
STREET ADDRESS				REE1 ADDR	SS				
CITY-ST-ZIP				Y-ST-71F					
14. do herel	by certify that the information supplie	d with this filing does not quali	ity for the	exempti	on stated	in Section 119.07(3)(i), Florida Statutes	s. I further	r certif	y 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 eath, 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 chapter 6, or on an attachment with an address.