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
99 APR 30 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000007936

1. Corporation Name: Abdullah carital Investment

1303 ocala RD. #119
Principal Place of Business

Tallahassee FL. 32304
Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date In corporated or Qualified:

4. FEI Number: 59-3488486 — 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 1303 ocala RD.
Suite, Apt. #, etc.
22 119
City & State
23 Tallahassee FL.
Zip
24 32304
Country
25 Leon

2a. Mailing Address
26 1303 ocala R.D.
Suite, Apt. #, etc.
27 119
City & State
28 Tallahassee FL.
Zip
29 32304
Country
30 Leon

9. Name and Address of Current Registered Agent

Shareef Abdullah
810 wadsworth #208C
Tallahassee FL. 32304

10. Name and Address of New Registered Agent

81 Name: Shareef Abdullah
82 Street Address (P.O. Box Number is Not Acceptable): 810 wadsworth #8 208C
83
84 City: Tallahassee FL 85 Zip Code: 32304

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: Shareef Abdullah — 4-26-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Required if Agent signs in person) — DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	[ ] DELETE
NAME	Dwight T Pearson	
STREET ADDRESS	1019 Griffin St	
CITY-ST-ZIP	Tall FL 32304	
TITLE	VP	[ ] DELETE
NAME	Lorraine Pearson	
STREET ADDRESS	1019 Griffen St.	
CITY-ST-ZIP	Tall. FL 32304	
TITLE	VP	[ ] DELETE
NAME	Ray Edwards	
STREET ADDRESS	1303 ocala Rd	
CITY-ST-ZIP	Tall FL	
TITLE	VP	[ ] DELETE
NAME	Fred Thompson	
STREET ADDRESS	1303 ocala Rd	
CITY-ST-ZIP	Tall FL	
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

11 TITLE		[ ] Change [ ] Add/Delete
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Add/Delete
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Add/Delete
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Add/Delete
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Add/Delete
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Add/Delete
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Date if Filed in A