

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S59336** (5)

1. Corporation Name  
**SHALIMAR PROPERTIES, INC.**



Principal Place of Business: **1536 DUNWOODY VILLAGE PKWY STE 120 DUNWOODY GA 30338 US**  
Mailing Address: **1536 DUNWOODY VILLAGE PKWY STE 120 DUNWOODY GA 30338 US**

3. Date Incorporated or Qualified: **06/10/1991**  
3a. Date of Last Report: **04/14/1995**  
4. FEI Number: **58-1949011**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**LEE, ROBERT E.  
26 RACETRACK ROAD  
SUITE A  
FORT WALTON BEACH FL 32547**

10. Name and Address of New Registered Agent  
81 Name: **Chris Cadenhead**  
82 Street Address: **420 East Pine View Ave.**  
83 City: **Crestview, Florida**  
84 State: **FL**  
85 Zip Code: **32539**

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: *Chris Cadenhead* DATE: **5-23-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MALAS, MOHANNAD	
STREET ADDRESS	1536 DUNWOODY VILLAGE PKWY STE 120	
CITY-ST-ZIP	DUNWOODY GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALAS, RANA	
STREET ADDRESS	5010 TRAILRIDGE WAY	
CITY-ST-ZIP	DUNWOODY GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LEE, ROBERT E	
STREET ADDRESS	26 RACE TRACK RD STE A	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>DIS/T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 subsequent 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 holder of a duly empowered position 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 amendments.

SIGNATURE: *[Signature]* DATE: **4/26/96** (770) 395-6900

CR2E034 (12/95)