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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 06 1997 8:00am
Secretary of State

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 30338-4138
US**

3. Date Incorporated or Qualified

06/10/1991

3a. Date of Last Report

06/06/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHRIS CADENHEAD
420 E. PINE VIEW AVENUE
SUITE A
CRESTVIEW FL 32539**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
MALAS, MOHANNAD**
STREET ADDRESS **1536 DUNWOODY VILLAGE PKWY STE 120**
CITY-ST-ZIP **DUNWOODY GA**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **DST
MALAS, RANA**
STREET ADDRESS **5010 TRAILRIDGE WAY**
CITY-ST-ZIP **DUNWOODY GA**

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

14. I do 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 supplement thereto 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 bona fide agent 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 in any other block if so addressed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/97

770-395-6900

CR2E034 (9/96)