

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  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90098 044 \*\*\*150.00

DOCUMENT # S59336

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

2. Principal Place of Business

21 600 HOUEZ WAY

Suite, Apt. #, etc.

22 SUITE B-6

City & State

23 ROSWELL, GA

Zip Country

24 30076 25 USA

2a. Mailing Address

26 600 HOUEZ WAY

Suite, Apt. #, etc.

27 SUITE B-6

City & State

28 ROSWELL, GA

Zip Country

29 30076 30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1991

4. FEI Number

58-1949011

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME MALAS, MOHANNAD  
1.3 STREET ADDRESS 32392 COAST HWY., STE #150  
1.4 CITY-ST-ZIP LAGUNA BEACH, CA 92651

2.1 TITLE DST ☒ Change ☐ Addition  
2.2 NAME MALAS, RANA  
2.3 STREET ADDRESS 31591 BLUFF DRIVE  
2.4 CITY-ST-ZIP LAGUNA BEACH, CA 92651

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-99 (949) 874-5780

CR2E034 (1/198)