

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 # P40289 (1)
1. Corporation Name
TALA CORP.



Principal Place of Business: **1536 DUNWOODY VILLAGE PARKWAY, SUITE 120 DUNWOODY GA 30338-4002**
Mailing Address: **1536 DUNWOODY VILLAGE PARKWAY, SUITE 120 DUNWOODY GA 30338-4002**

| | | | | | |
|--------------------------------|---------|---------------------|---------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/24/1992 | 3a. Date of Last Report 04/14/1995 |
| 21 | 22 | 26 | 27 | 4. FEI Number 58-1706121 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23 | 24 | 28 | 29 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip | Country | Zip | Country | | |

| | | | | | | | |
|--|--|--|--|--|--|--|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| LEE, ROBERT E. 26A RACETRACK ROAD NW FT WALTON BEACH FL 32547 | | | | 81 | Name Chris Cadenhead | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) 420 East Pine View Ave. | | |
| | | | | 83 | | | |
| | | | | 84 | City Crestview, Florida | | 85 |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | CP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALAS, MOHANNAD | 1.2 NAME | |
| STREET ADDRESS | 5010 TRAILRIDGE WAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DUNWOODY GA | 1.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALAS, RANA | 2.2 NAME | |
| STREET ADDRESS | 5010 TRAILRIDGE WAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DUNWOODY GA | 2.4 CITY-ST-ZIP | |
| TITLE | VP <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEE, ROBERT E | 3.2 NAME | |
| STREET ADDRESS | 26A RACETRACK RD NW | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT WALTON BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this report was 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 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, its 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 attached report with an address.

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

CR2E034 (12/95)