

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90273 034 ***150.00

W1120P

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40289

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 600 HOUZE WAY Suite, Apt. #, etc. 22 SUITE B-6 City & State 23 ROSWELL, GA Zip 24 30076 25 USA	2a. Mailing Address 26 600 HOUZE WAY Suite, Apt. #, etc. 27 SUITE B-6 City & State 28 ROSWELL, GA Zip 29 30076 30 USA
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3. Date Incorporated or Qualified 08/24/1992	Applied For Not Applicable
4. FEI Number 58-1706121	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CHRIS CADENHEAD
420 E. PINE VIEW AVENUE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	MALAS, MOHANNAD	
STREET ADDRESS	5010 TRAILRIDGE WAY	
CITY-ST-ZIP	DUNWOODY GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MALAS, RANA	
STREET ADDRESS	5010 TRAILRIDGE WAY	
CITY-ST-ZIP	DUNWOODY GA	
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	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MALAS MOHANNAD	
1.3 STREET ADDRESS	31591 BLUFF DRIVE	
1.4 CITY-ST-ZIP	LAGUNA BEACH, CA 92651	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		<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 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 any attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **3/3/99** DAYTIME PHONE #: **(770) 395-6900**

CR2E034 (1/198)