SECOND NOTICE: CORPORATION WILL

SIGNATURE

AMOUNT DUE	ON OR BEFORE 09/30/98: \$		MUM AMOUNT DUE TO	REINSTATE: \$236.25	5).					
	ONPROFIT		FLORIDA DEPAR	TMENT OF STATE		•				906800
	RPORATION		Sandra B.	2.	}					۰
ANN	UAL REPORT			of State			.ED			
	1998		DIVISION OF C	OFTPORATIONS			are the for			
DOCU 1. Corporation	MENT # NO	2632	(0)			98 NOV 1	8 AM 8:5	5		
MASJID	al-muminin bil (	QADIR, INC.				SECRETAI	RY OF STATI DOGENING DANG	e Dånnen er	11 <b>0.10</b> 28 1 <b>9.0</b> 3	
Principal Plag										
Principal Plaçe of Business Mailing Address										٠,
3762 18 AVE; SOUTH 9 O BOX 1173, ZIP 33731 P O BOX 1173, ZIP 33731						3. Date incorporated or Qu	ıalified			
P O BOX 1173, ZIP 33731 P O BOX 1173, ZIP 3373 ST PETERSBURG FL 33711 ST PETERSBURG FL 337						04/18/1984 4. FEI Number Applied For				4
						59-2443382		<u> </u>	Applicable	1
2. Principal F	Place of Business	2a. M	lailing Address				🖂	\$8.75 A		1
21		26	_		1	5. Certificate of Status Des	sired	Fee Rec		
Suite, Apt	. #, etc.	s	uite, Apt. #, etc.			6. Election Campaign Fina	ncing	\$5.00 M	lay Be	]
22		27				Trust Fund Contribution		Added to		}
City & Sta	te	<del></del> 1	ity & State			7. Is this nonprofit corporat	ion a homeowners	s association?	?	1
23 Zip	Country		· ·	Country		8. This corporation owes o			naible	-
24	25	29	· .  -	30	1	Personal Property Tax of	-		No	
	9. Name and Addres	ss of Current Register				10. Name and Address of		Agent	·	j
				81 Name	11/1	ne Gammaca	-Thomas	K		
ABDUL SA	ALAAM HAMEED			82 Street	Address	(P.O. Box Number is Not A	cceptable)	0		1
2343 23RD STREET, SOUTH						- 19th Stree	e Sout	K		_
	1 AVE SO. (33711)			83						
ST. PETER	RSBURG FL 33712			84 City	PLI	011		85 Zip C	ode	1
44 5		647 0500 1 64745	'00 Florido Otobado (		<u> </u>	Wisburg	FL	1 33	7/2	ļ
office or n	to the provisions of section egistered agent, of both, i	n the State of Florida.	Such change was auth	ne above-named co orized by the corpo	moration's	n submits this statement for t board of directors. I hereby a	ne purpose of char accept the appoint	iging its regis ment as regis	terea tered	
	m familial with and accep	of the obligations of, sec	ction 617.0503, Florid	a Statutes.		n= 1	1/2/	75		1
SIGNATURE	Signature Typed perpended name of	of registered ogers and title if app	oficable. (NOT)	: Registered Agent signatu	ure required	when reinstating)	DATE	<u> </u>		ļ
12.	OF	FICERS AND DIRECT	ORS S	13.	- 0	ADDITIONS/CHANGES T	O OFFICERS AN	D DIRECTOR	RS IN 12	(2/38)
TITLE	סד		DELETE	1.1 TITLE	HX	mees, Abdu	1 Salaam	Change [	Addition	(2)
NAME	HAMEED, ABDUL SA			1.2 NAME	20		ue Sout	4		CR2E037
STREET ADDRESS	CO 10 DO: 10 7 11 - 1			1,3 STREET ADDRESS	22	TI JAI WEI		719		员
CITY-ST-ZIP	IST. PETERSBURG FL	<del></del>		1.4 CITY-ST-ZIP	SC.	recensing,	FC33			유
NAME	SD MCGILL, WILSON M	iD	DELETE	2.2 NAME	140	Gill, Wils	an Ta	Change [	Addition	
	1626 N GREENWOO!			2.3 STREET ADDRESS	160	26- No Gree	to total f	400		
CITY-ST-ZIP	CLEARWATER FL	J 1112	_	2.4 CITY-ST-ZIP	CL	anuaten Fi	1 0000 M	, , ,		
TITLE	D		DELETE	3.1 TITLE	D	<del></del>	, ,	Change	Addition	1
NAME /	HAMID, KHALILAH			3.2 NAME	Bas	imah Davis	s-Shaki	r		
STREET ADORESS	1,20 02.00 01, 000			3.3 STREET ADDRESS	163	26-Ng. Gree	pwood			
CITY-9T-ZIP	ST. PETERSBURG FL			3.4 CITY-ST-ZIP	TR	arwager,	<i>F</i> -L-			1
TILE	D	•	DELETE	4.1 TITLE	D P	1011		Change [	Addition	
NAME	SANDERS, ROBERT			4.2 NAME	yag	cub Bilac	1 Ga			
STREET ADDRESS	7761/2 18TH AVE SO			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	1/3	ou jaconeu	3200	756	-	
CITY-ST-ZIP TITLE	ST. PETERSBURG FL	<del></del>	DELETE	5.1 TITLE	C/7	fearwater, P	z 0.3 /	Change	Addition	ł
NAME			L_I beceie	5.2 NAME	All	ene Gamma	ac-Thom		- Production	l
STREET ADDRESS				5.3 STREET ADDRESS	911	-19 Street	South	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	St	Petersbur	TEC'S	3712	_	
TITLE		,	DELETE	6.1 TITLE		<u> </u>	<i>)</i>	Change	<del></del>	1
NAME	95.11/n	1000		6.2 NAME		·-	الحصور المصاور المحمول المسيار المسا		•	
STREET ADDRESS	134 L112	das F	1/C	6.3 STREET ADDRESS		3000	7 <u>2</u> 589		132	:
CITY-ST-ZIP		11.		6.4 CITY-ST-ZIP	<u> </u>	440.07/03/0 (2011)	LONGE CONTRACTOR	_ doctobrabile(	) }[25 ·-	ì
14. I hereby c	eruly that the information on this annual report or \$	supplied with this filing o upplemental annual rep	ioes not qualify for the ort is true and accura	e exemption stated in te and that my sign	in section lature shi	n 119.07(3)(i), Florida Statute all have the same legal effec	s i runner certify to t as if made unde	narune info: '~ r oath; that I :	ап.	1
an officer in Block 1	or director of the corporal 2 or Block 13 if changed	tion or the receiver or tr op on an attached int wi	ustee empowered to o th an address.	execute this report	as requir	all have the same legal effected by Chapter 617, Florida	Statutes/and that	πy name app	ears	