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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 1. Corporation Name
HUSSEINI ISLAMIC CENTER OF FLORIDA INC.
1125 BROWNSHIRE CT.
LONGWOOD FL 32779 N38380

Principal Place of Business: 5211 HESTER AVE, SANFORD, FL 32773
Mailing Address: 1125 BROWNSHIRE CT., LONGWOOD FL 32779

3. Date Incorporated or Qualified: 5/29/90
4. FEI Number: 59-3131142
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
ZUBAIR S. MANSORI
815 ORIENTA AVE
Altamonte Springs, FL 32701

10. Name and Address of New Registered Agent
81 Name: G. M. DEWHI
82 Street Address: 1125 BROWNSHIRE CT.
84 City: Longwood FL 85 Zip Code: 32779

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: [Signature] G. M. DEWHI PRESIDENT 5/19/98

12. OFFICERS AND DIRECTORS

TITLE	D- President	<input type="checkbox"/> DELETE
NAME	G. M. DEWHI	
STREET ADDRESS	1125 BROWNSHIRE CT.	
CITY-ST-ZIP	Longwood FL 32779	
TITLE	D- TREASURER	<input type="checkbox"/> DELETE
NAME	MURTAZA ZAIDI	
STREET ADDRESS	1382 L Paloma Cir, Winter Springs	
CITY-ST-ZIP	SECRETARY FL 32708	
TITLE	D ZULFIQAR LADAK	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS	323 NEEDLES TRAIL	
CITY-ST-ZIP	Longwood FL 32779	
TITLE	D DIRECTOR	<input type="checkbox"/> DELETE
NAME	SYED MEHDI RIZVI	
STREET ADDRESS	700 OAK PARK CIRCLE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	200002579762
6.4 CITY-ST-ZIP	-07/06/98--01006--002

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.
SIGNATURE: [Signature] PRESIDENT 5/19/98 (407) 862-0253

CR2E037 (10/97)