

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N95000000473 (7)
1. Corporation Name
AN-NASR SOCIAL SERVICES CENTER, INC.



Principal Place of Business: 2241 COMMONWEALTH AVE JACKSONVILLE FL 32206
Mailing Address: 1537 WIGMORE STREET JACKSONVILLE FL 32206

3. Date Incorporated or Qualified: 01/31/1995
4. FEI Number: 59-3379007
Applied For: Not Applicable

2. Principal Place of Business: 2241 Commonwealth
2a. Mailing Address: 1537 Wigmore St
23. City & State: Jacksonville FL.
24. Zip: 32206
25. Country: Duval

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes

9. Name and Address of Current Registered Agent: MUHAMMAD, ROBERT A.W. 1537 WIGMORE STREET JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent: MUHAMMAD, ROBERT A.W. 1537 WIGMORE ST JACKSONVILLE FL 32206

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MUHAMMAD, ROBERT A.W.	1.1 TITLE	
NAME	MUHAMMAD, ROBERT A.W.	1.2 NAME	
STREET ADDRESS	1537 WIGMORE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	1.4 CITY-ST-ZIP	
TITLE	D SADDIQUE, IS-HAK	2.1 TITLE	
NAME	SADDIQUE, IS-HAK	2.2 NAME	
STREET ADDRESS	1330 LACLEDE AVENUE, APT. 129	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	2.4 CITY-ST-ZIP	
TITLE	D RAHMAN, KHALID A	3.1 TITLE	
NAME	RAHMAN, KHALID A	3.2 NAME	
STREET ADDRESS	2426 LOOKING GLASS	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	3.4 CITY-ST-ZIP	
TITLE	D RAHMAN, GLORIA	4.1 TITLE	
NAME	RAHMAN, GLORIA	4.2 NAME	
STREET ADDRESS	2426 LOOKING GLASS	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	4.4 CITY-ST-ZIP	
TITLE	D CRAWFORD, CHRISTOPHER S	5.1 TITLE	
NAME	CRAWFORD, CHRISTOPHER S	5.2 NAME	
STREET ADDRESS	8862 SCOTT WOODS DR. W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	5.4 CITY-ST-ZIP	
TITLE	D PRICE, VINCENT L	6.1 TITLE	
NAME	PRICE, VINCENT L	6.2 NAME	
STREET ADDRESS	9439 SAN JOSE BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32212	6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MUHAMMAD, ROBERT A.W.	1.1 TITLE	
NAME	MUHAMMAD, ROBERT A.W.	1.2 NAME	
STREET ADDRESS	1537 WIGMORE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32206	1.4 CITY-ST-ZIP	
TITLE	D SADDIQUE, IS-HAK	2.1 TITLE	
NAME	SADDIQUE, IS-HAK	2.2 NAME	
STREET ADDRESS	1330 LACLEDE AVENUE, APT. 129	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	2.4 CITY-ST-ZIP	
TITLE	D RAHMAN, KHALID A	3.1 TITLE	
NAME	RAHMAN, KHALID A	3.2 NAME	
STREET ADDRESS	2426 LOOKING GLASS	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	3.4 CITY-ST-ZIP	
TITLE	D RAHMAN, GLORIA	4.1 TITLE	
NAME	RAHMAN, GLORIA	4.2 NAME	
STREET ADDRESS	2426 LOOKING GLASS	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	4.4 CITY-ST-ZIP	
TITLE	D CRAWFORD, CHRISTOPHER S	5.1 TITLE	
NAME	CRAWFORD, CHRISTOPHER S	5.2 NAME	
STREET ADDRESS	8862 SCOTT WOODS DR. W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32208	5.4 CITY-ST-ZIP	
TITLE	D PRICE, VINCENT L	6.1 TITLE	
NAME	PRICE, VINCENT L	6.2 NAME	
STREET ADDRESS	9439 SAN JOSE BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32212	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert A.W. Muhammad 5-5-1998 359-9818

CR2E037 (10/97)