

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 AUG 16 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000000933

1. Corporation Name

ASSOCIATION OF ISLAMIC CHARITABLE PROJECTS INC.

Principal Place of Business

4431 WALNUT ST.
PHILADELPHIA PA 19104

Mailing Address

4431 WALNUT ST.
PHILADELPHIA PA 19104



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/17/1998	
22 City & State		27 City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		30 Country	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
1116-D THOMASVILLE RD.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name	CORPORATE ACCESS, INC	
82 Street Address (P.O. Box Number is Not Acceptable)	236 EAST 6TH AVE	
83		
84 City	TALLAHASSEE	85 Zip Code
FL		32303

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

Dany B. Harris
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/9/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	11 TITLE	PDC
NAME	NACHEF, RIAD	12 NAME	OMAR DIMACHKIE
STREET ADDRESS	187 CONSORT HILL	13 STREET ADDRESS	545 E. ST. ANDREWS DR.
CITY-ST-ZIP	MEDIA PA 19063	14 CITY-ST-ZIP	MEDIA PA 19063
TITLE	VDC	21 TITLE	
NAME	KADI, SAMIR	22 NAME	
STREET ADDRESS	509 SMEDLEY AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	MEDIA PA 19063	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	
NAME	ALAMDOIN, GHASSAN	32 NAME	
STREET ADDRESS	7680 TAFT ST.	33 STREET ADDRESS	300002964243--3
CITY-ST-ZIP	PEMBROKE PINES FL 33024	34 CITY-ST-ZIP	-08/19/99--01039--008
TITLE	TD	41 TITLE	
NAME	HAMMOOD, IBRAHIM	42 NAME	
STREET ADDRESS	8215 LAKE DR., #301	43 STREET ADDRESS	*****61.25 *****61.75
CITY-ST-ZIP	MIAMI FL 33166	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	TS
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, with all other like empowered.

SIGNATURE:

OMAR DIMACHKIE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OMAR DIMACHKIE

7-27-99

215-387-5225

Date

Daytime Phone #

CR2E037 (5/99)