## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1897 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N04865

(4)

IRANIAN ASSOCIATION OF CENTRAL FLORIDA, INC.

	11 A33001	MICH OF CEN	TIPSE TE	.OAIDA, INC.								
Principal Place of Business				Mailing Address				1	E HARIENDE DIN DANSE BEDDE SEIED DOUD			DIJIA DIDI IDDI
14673 QUAIL TR CIR 14673 QUAIL TR CIR ORLANDO FL 32837 ORLANDO FL 32837												
								Ļ	DO NOT WRITE	<del></del>		
									Date Incorporated or Qualified 08/27/1984	3a. D	ate of Las 10/16/1	
2. Principal P	Place of Busin	ess	<u> </u>	Mailing Address				4.	FEI Number			Applied For
21 Culta Ant	# -1-		26]	26					59-2462018			Not Applicable
Sulte, Apt. #, etc.			<u> </u>	Suite, Apt. #, etc.				Б.	Certificate of Status Desired			5 Additional
City & State			27	City & State				<del>  _</del>				Required
23			20	28				6.	Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip	T	Country	201	Zip	Cou	ntrv	<del> </del>		This corporation owes or has p			
24	į.	25	29		30	,		0.	Personal Property Tax due June		rrent year □ Yes	Intarigible ☐ No
		and Address of Curr		tered Agent	1001			10.	Name and Address of New Ro			
,						81	Name					
MAHLOU	JJT, FARSHI	D				82	Street Address	on /D	P.O. Box Number is Not Accepta	hla		
14673 QUAIL TR CIR						۱,	Stieet Addies	55 (F	F.O. Box Number is Not Accepta	uie)		
ORLAND	O FL 32837					83						
						84	City			FL	85 Z	ip Code
11. Pursuant	to the provision	ons of Sections 617.0	502 and 6	17.1508. Florida Statu	tes the at	nove-	-named corno	ratio	on submits this statement for the	nurnose o	f changin	n its registered
OTICE OF I	registerea age	ent, or both, in the Sta h, and accept the ob	ate of Horic	ia. Such change was	authorized	yd t	the corporatio	n's b	board of directors. I hereby acce	pt the app	pointment	as registered
_	aill foilthfical Avil	n, and accept the ob-	ilgations of	, 30000011 \$17.0003, F	iorida Stati	ules.	•					
SIGNATURE .	Signature, typed o	or printed name of registered	agent and title	f applicable. (NO	TE: Registered	l Agen	nt signature required	when	n reinstating)	DATÉ		<del></del>
12.		OFFICERS A	ND DIREC		13.				ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECT	ORS IN 12
TITLE	PTD											
				☐ DELETE	1.1 TIT	LE					☐ Chang	e 🔲 Addition
NAME	MAHLOU	JI, FARSHID		☐ DELETE	1.1 TIT 1.2 NA						Chang	e 🔲 Addition
NAME STREET ADDRESS	MAHLOU. 14673 QU	JAIL TR CIR		☐ DELETE	1.2 NA	ME	ADDRESS				Chang	e 🔲 Addition
	MAHLOU. 14673 QL ORLANDO				1.2 NA	ME Reet a					Chang	e 🔲 Addition
STREET ADDRESS	MAHLOU. 14673 QU ORLANDO VD	JAIL TR CIR D FL 32837		☐ DELETE	1.2 NA 1.3 ST	IME Reet a Ty-st-					Chang	_
STREET ADDRESS CITY-ST-ZIP	MAHLOU. 14673 QL ORLANDO VD MOHAMM	JAIL TR CIR D FL 32837 JAD, MAROJI			1.2 NA 1.3 ST 1.4 Cfl	ME Reet a Ty-st- 'Le						_
STREET ADDRESS CITY-ST-ZIP TITLE	MAHLOU. 14673 QL ORLANDO VD MOHAMM P.O. BOX	JAIL TR CIR D FL 32837 JAD, MAROJI 770454, N/A			1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA	ME Reet A TY-ST- 'Le Me						_
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14. I do 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.

- CICKIATURE ACQUIDER

722 07 40 000 400

**FILED** 

Aug 04 1997 8:00am

Secretary of State