

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  
Sep 08, 1999 8:00 am  
Secretary of State

09-08-1999 90005 018 \*\*\*\*61.25

DOCUMENT # N04865

1. Corporation Name

IRANIAN ASSOCIATION OF CENTRAL FLORIDA, INC.

Principal Place of Business

14673 QUAIL TR CIR  
ORLANDO FL 32837

Mailing Address

14673 QUAIL TR CIR  
ORLANDO FL 32837

613420-90005-18



1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2462018	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MAHLOUJI, FARSHID 14673 QUAIL TR CIR ORLANDO FL 32837				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

1. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PTB MAHLOUJI, FARSHID 14673 QUAIL TR CIR ORLANDO FL 32837	1.1 TITLE	Change Addition
ME	DELETED 9-1-99	1.2 NAME	President (MOHAMMAD MAZOJI)
REET ADDRESS		1.3 STREET ADDRESS	(Please Change Address as below)
Y-ST-ZIP		1.4 CITY-ST-ZIP	
LE	VD MOHAMMAD, MAROJI P.O. BOX 770454, N/A ORLANDO FL 32837	2.1 TITLE	Change Addition
ME		2.2 NAME	MR. REZA HAGHIGHTI
REET ADDRESS		2.3 STREET ADDRESS	2216 Fair Glen Way
Y-ST-ZIP		2.4 CITY-ST-ZIP	Winter Park, FL 32792 V.P
LE	SD LIMAKI, HELEN 14673 QUAIL TR CIR ORLANDO FL 32837	3.1 TITLE	Change Addition
ME	DELETED 9-1-99	3.2 NAME	MRS. ASHRAF ZAFERANLO
REET ADDRESS		3.3 STREET ADDRESS	1027 JEROMEWAY
Y-ST-ZIP		3.4 CITY-ST-ZIP	APOPKA, FL 32703 S.D
LE	TD LIMAKI, HELEN KH 7009 TALLOW TREE LANE ORLANDO FL	4.1 TITLE	Change Addition
ME	DELETED 9-1-99	4.2 NAME	MOHAMMAD MAZOJI
REET ADDRESS		4.3 STREET ADDRESS	12515 WOODLEA RD
Y-ST-ZIP		4.4 CITY-ST-ZIP	TAVARES, FL 32770 TD
LE	DS MAZUJI, MOHAMAD K. 12515 WOODLEA RD. TAVARES FL	5.1 TITLE	Change Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE		6.1 TITLE	Change Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Signature and typed or printed name of signing officer or director

9-1-99 (407) 888-4999

Date

Daytime Phone #

CR2E037 (5/99)