

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N34183 (6)**

1. Corporation Name
SCHOOL OF ISLAMIC STUDIES OF BROWARD, INC.



Principal Place of Business: 11266 NW 20TH DRIVE CORAL SPRINGS FL 33071
Mailing Address: 4505 NW 103rd Ave Sunrise FL 33351

3. Date Incorporated or Qualified: 09/12/1989
3a. Date of Last Report: 03/21/1995

2. Principal Place of Business: 4505 NW 103rd Ave
2a. Mailing Address: 6421 NW 42nd Court

4. FEI Number: 35-0522362
Applied For: Not Applicable

22. Suite, Apt. #, etc.: #
27. Suite, Apt. #, etc.:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. City & State: Sunrise, FL
28. City & State: Coral Springs, FL

6. Election Campaign Financing: \$5.00 May Be Added to Fees

24. Zip: 33351
25. County: Broward
29. Zip: 33067
30. County: Broward

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
NELOFUR, PIRZADA
4000 HOLLYWOOD BLVD
STE 530N
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QURESHI, SAMINA	12 NAME	
STREET ADDRESS	11266 NW 20TH DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAVED, MOHAMMED	22 NAME	
STREET ADDRESS	8961 NW 8TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASHDAN, MOHSEN	32 NAME	
STREET ADDRESS	4442 WOODFIELD BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QURESHI, ZAHID	42 NAME	
STREET ADDRESS	11266 NW 20TH DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	44 CITY-ST-ZIP	
TITLE	TPI <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRZADA, NELOFUR	52 NAME	
STREET ADDRESS	6421 NW 42ND COURT	53 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Nelofur Pirezada (Treasurer) 4/20/96 (954) 985-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: NELOFUR PIRZADA Date: _____ Daytime Phone #: _____

CR2E037 (12/95)