

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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # N42200 (8)
1. Corporation Name
WORLD AND ISLAM STUDIES ENTERPRISE (WISE), INC.



Principal Place of Business
5620 E FOWLER AVE
TAMPA FL 33617

Mailing Address
P.O. BOX 16648
TAMPA FL 33687-3648

3. Date Incorporated or Qualified
02/21/1991

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3063697

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

AL-ARIAN, SAMI A.
5207 E 127TH AVE.
TAMPA FL 33617

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 *Sami A. Al-Arian* Sami A. Al-Arian 4/28/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	AL-ARIAN, SAMI A.	<input type="checkbox"/> DELETE
NAME		5207 E 127TH AVE.	
STREET ADDRESS		TAMPA FL	
CITY-ST-ZIP			
TITLE	DS	AL-ARIAN, NAHLA A.	<input type="checkbox"/> DELETE
NAME		5207 E 127TH AVE.	
STREET ADDRESS		TAMPA FL	
CITY-ST-ZIP			
TITLE	D	RAMAHI, OMAR M.	<input checked="" type="checkbox"/> DELETE
NAME		5620 E FOWLER AVE	
STREET ADDRESS		TAMPA FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	MUSTATA AMI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		24319 Twinlakes Dr.	
1.3 STREET ADDRESS		Land O' Lakes, FL 34639	
1.4 CITY-ST-ZIP			
2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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: *Sami A. Al-Arian* Sami A. Al-Arian 4/28/96 (813) 985-3238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)