

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 # **N50370** (8)

1. Corporation Name
ISLAMIC MOVEMENT OF FLORIDA, INC.



Principal Place of Business: 6861 W EDGEWOOD AVE, DAVIE FL 33331, US
Mailing Address: 6861 W EDGEWOOD AVE, DAVIE FL 33331, US

3. Date Incorporated or Qualified: 08/10/1992
3a. Date of Last Report: 04/13/1995

2. Principal Place of Business: 21 8110 Pasadena Blvd., 22 Suite, Apt. #, etc., 23 City & State: Pembroke Pines, FL, 24 Zip: 33024, 25 Country: U.S.A.
2a. Mailing Address: 26 Suite, Apt. #, etc., 27 City & State, 28 Zip, 29 Country: U.S.A., 30
4. FEI Number: 65-0362777, 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

9. Name and Address of Current Registered Agent: ALI, NUR, 6861 W EDGEWOOD AVE, DAVIE FL 33331
81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P/D NAME: MOHAMED, MOIEN STREET ADDRESS: 6321 SW 20 ST CITY-ST-ZIP: MIRAMAR FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: P/D 1.2 NAME: GHANY, ROOKNUDEEN 1.3 STREET ADDRESS: 730 NORTH, 65th AVENUE 1.4 CITY-ST-ZIP: HOLLYWOOD, FL, 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: KHAN, MONEER STREET ADDRESS: 20214 NW 22 CT CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP: MIAMI FL 33056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: NUR, ALI STREET ADDRESS: 6861 W. EDGEWOOD AVE CITY-ST-ZIP: DAVIE FL 33331	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: ALI, NUR 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HASSAN, NAZEER STREET ADDRESS: 5241 WEST SAXON CIR CITY-ST-ZIP: FT LAUDERDALE FL	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: FT. LAUDERDALE FL, 33331 4.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: MOHAMED, MOIEN 5.3 STREET ADDRESS: 8321 SW 20 ST 5.4 CITY-ST-ZIP: MIRAMAR FL, 33023	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, changed, or on an attachment with an address.

SIGNATURE: *Nur Ali* NUR ALI 02-22-96 (305)680-9581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)