

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90012 039 ****61.25

DOCUMENT # N50370 (8)

1. Corporation Name
ISLAMIC MOVEMENT OF FLORIDA, INC.

Principal Place of Business
5861 W EDGEWOOD AVE
DAVIE FL 33331
US

Mailing Address
5861 W EDGEWOOD AVE
DAVIE FL 33331
US

3. Date Incorporated or Qualified 08/10/1992
3a. Date of Last Report 04/13/1997

2. Principal Place of Business
21 8110 Pasadena Blvd.
Suite, Apt. #, etc.

2a. Mailing Address
26 2099 SW 139th AVE
Suite, Apt. #, etc.

4. FEI Number 65-0362777
Applied For:
Not Applied:

22 City & State
23 Pembroke Pines, FL
City & State

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

24 Zip 33024 Country U.S.A.
25 U.S.A.
27 City & State
28 DAVIE - FL

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

29 Zip 33325 Country U.S.A.
30 U.S.A.

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
5861 W EDGEWOOD AVE
DAVIE FL 33331

10. Name and Address of New Registered Agent
81 Name SHAIKH ALI
82 Street Address (P.O. Box Number is Not Acceptable) 2099 SW 139th AVE
83
84 City DAVIE FL 85 Zip Code 33325

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 officer 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 SHAIKH ALI
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)
Shaikh Ali Shaikh Ali 5/11/98
DATE 5/25/99

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	MOHAMED, MOIEN	
STREET ADDRESS	6321 SW 20 ST	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KHAN, MONEER	
STREET ADDRESS	20214 NW 22 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NUR, ALI	
STREET ADDRESS	5861 W. EDGEWOOD AVE	
CITY-ST-ZIP	DAVIE FL 33331	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HASSAN, NAZEER	
STREET ADDRESS	5241 WEST SAXON CIR	
CITY-ST-ZIP	FT LAUDERDALE FL	
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	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GHANY, ROOKNUDEEN	
1.3 STREET ADDRESS	730 NORTH, 65th AVENUE	
1.4 CITY-ST-ZIP	HOLLYWOOD, FL, 33024	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	MIAMI FL, 33056	
3.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SHAIKH ALI	
3.3 STREET ADDRESS	2099 SW 139th AVE.	
3.4 CITY-ST-ZIP	DAVIE FL 33325	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	FT. LAUDERDALE FL, 33331	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MOHAMED, MOIEN	
5.3 STREET ADDRESS	8321 SW 20 ST	
5.4 CITY-ST-ZIP	MIRAMAR FL, 33023	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	NASEEB KHAN	
6.3 STREET ADDRESS	1101 SW 139th Way	
6.4 CITY-ST-ZIP	DAVIE FL 33325	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 617.0503, Florida Statutes, and I 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 my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: ROOKNUDEEN GHANY - Rooknudeen Ghany 04.20.98 (954)962 4446
Signature and typed or printed name of signing officer or director
Naseeb Khan Naseeb Khan