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May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50513 (3)

1. Corporation Name
ISLAMIC ACADEMY OF FLORIDA, INC.



Principal Place of Business 5910 E 130TH AVE TAMPA FL 33617 US	Mailing Address 5910 E. 130TH AVE TAMPA FL 33617-1355 US
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3. Date Incorporated or Qualified 08/24/1992	3a. Date of Last Report 04/26/1996
4. FEI Number 69-3236474	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	AL-ARIAN, SAMI A	
STREET ADDRESS	5207 E. 127TH AVE.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAID, KAYED	
STREET ADDRESS	4593 KIRKMAN RD #1	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NAJJAR, MAZEN	
STREET ADDRESS	5620 E. FOWLER AVE., #3	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUSTAFA ALVI	
STREET ADDRESS	24319 TWIN LAKES DR	
CITY-ST-ZIP	LAND O'LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUDIADDINE-SAAD SAAD	
STREET ADDRESS	4518 SWEETWATER LAKE DR	
CITY-ST-ZIP	TAMPA F	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICK MITWALLI	
STREET ADDRESS	14034 ESMERE ST.	
CITY-ST-ZIP	TAMPA FL 33624	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Cheikh Sylla
1.3 STREET ADDRESS	500 Severn Ave.
1.4 CITY-ST-ZIP	Tampa FL 33606
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Anwar Rifaie
2.3 STREET ADDRESS	15115 Nature Walk Dr.
2.4 CITY-ST-ZIP	Tampa, FL 33624
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 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.

SIGNATURE: *Sami A. Al-Arian* **4/30/97** (813) 987-9282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/96)