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05-10-1999 90243 019 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999

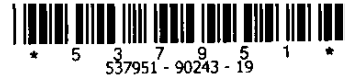


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N50513

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
 US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/24/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3236474

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
 NAME AL-ARIAN, SAMI A
 STREET ADDRESS 5207 E. 127TH AVE.
 CITY-ST-ZIP TAMPA FL 33617

1.1 TITLE Change Addition
 NAME D Nabeel Sawalha
 STREET ADDRESS 5108 Arbor Pointe Circle #905
 CITY-ST-ZIP Tampa, FL 33617

TITLE D DELETE
 NAME SAID, KAYED
 STREET ADDRESS 4593 KIRKMAN RD #1
 CITY-ST-ZIP ORLANDO FL

2.1 TITLE Change Addition
 NAME D Mehal Hanceef
 STREET ADDRESS 1075 59th Ave. S.
 CITY-ST-ZIP St. Pete, FL 33705

TITLE D DELETE
 NAME NAJJAR, MAZEN
 STREET ADDRESS 5620 E. FOWLER AVE., #3
 CITY-ST-ZIP TAMPA FL 33617

3.1 TITLE Change Addition
 NAME D Zuhair Refaie
 STREET ADDRESS 15106 Alexis Dr.
 CITY-ST-ZIP Tampa FL 33624

TITLE D DELETE
 NAME MUSTUFA ALVI
 STREET ADDRESS 24319 TWIN LAKES DR
 CITY-ST-ZIP LAND O'LAKES FL

4.1 TITLE Change Addition
 NAME D Noor Salhab
 STREET ADDRESS 12402 Pampas Place
 CITY-ST-ZIP Tampa FL 33617

TITLE D DELETE
 NAME MUDIADDINE, SAAD
 STREET ADDRESS 4518 SWEETWATER LAKE DR
 CITY-ST-ZIP TAMPA F

5.1 TITLE Change Addition
 NAME D Anwar Refaie
 STREET ADDRESS 15115 Nature Walk Dr.
 CITY-ST-ZIP Tampa, FL 33624

TITLE D DELETE
 NAME RICK MITWALLI
 STREET ADDRESS 14034 ESMERE ST.
 CITY-ST-ZIP TAMPA FL 33624

6.1 TITLE Change Addition
 NAME D Anwar Hason
 STREET ADDRESS 6103 Rain Hollow Ct.
 CITY-ST-ZIP Tampa, FL 33617

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/99

(813) 987-9282

Date

Daytime Phone #

CR2E037 (11/98)

537951-90243-19

N30513

Please also add the following:

D Cheikh Sylla
615 Luzon Avenue
Tampa, FL 33625