


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003452 (7)**

1. Corporation Name

**EGYPTIAN-AMERICAN SOCIETY INC.**



Principal Place of Business <b>4505 NW 103RD AVE SUNRISE FL 33351</b>	Mailing Address <b>EGYPTIAN AMERICAN SOCIETY P.O. BOX 5075 HOLLYWOOD FL 33063-5075 US</b>
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3. Date Incorporated or Qualified <b>06/27/1996</b>	
4. FEI Number <b>65-0694285</b>	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>KHALIL, ASSEM 3416 W LAKE PL MIRAMAR FL 33023</b>	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	<b>FL</b>

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	<b>P</b>	1.1 TITLE	<b>Dr. Mohamed Noshi</b>
NAME	<b>RASHDAN, MOHSEN</b>	1.2 NAME	<b>1900 S. Ocean Blvd. apt # 15 D</b>
STREET ADDRESS	<b>4442 WOODFEE BLVD.</b>	1.3 STREET ADDRESS	<b>Pampano Beach FL 33062</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	<b>Director</b>
TITLE	<b>V</b>	2.1 TITLE	
NAME	<b>SAAD, MOHAMED</b>	2.2 NAME	
STREET ADDRESS	<b>9624 N.W. 49TH ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNRISE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b>	3.1 TITLE	
NAME	<b>ARAFAT, NAGI</b>	3.2 NAME	
STREET ADDRESS	<b>15055 S.W. 108TH TERR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b>	4.1 TITLE	
NAME	<b>ASFOUR, SHEHAB</b>	4.2 NAME	
STREET ADDRESS	<b>9908 S.W. 117TH CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>MOHAMMED, OSANA</b>	5.2 NAME	
STREET ADDRESS	<b>14224 S.W. 75TH TERR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	
NAME	<b>KHALIL, ASSEM</b>	6.2 NAME	
STREET ADDRESS	<b>3416 W. LAKE PL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIRAMAR FL</b>	6.4 CITY-ST-ZIP	

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.

SIGNATURE: **ASSEM Khalil** *4/28/98 1954/066 4175*

CR2E037 (10/97)