


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N96000003452 (7)
1. Corporation Name
EGYPTIAN-AMERICAN SOCIETY INC.

Principal Place of Business 4505 NW 103RD AVE SUNRISE FL 33351	Mailing Address EGYPTIAN AMERICAN SOCEITY P.O. BOX 5075 HOLLYWOOD FL 33063-5075 US
--	--

3. Date Incorporated or Qualified
08/27/1996

4. FEI Number 65-0694285	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**KHALIL, ASSEM
3416 W LAKE PL
MIRAMAR FL 33023**

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

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P RASHDAN, MOHSEN	1.2 NAME	Dr. Mohamed Noshi
STREET ADDRESS	4442 WOODFEED BLVD.	1.3 STREET ADDRESS	1900 S. Ocean Blvd. apt # 15 D
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Pampano Beach FL 33062
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V SAAD, MOHAMED	2.2 NAME	
STREET ADDRESS	9624 N.W. 49TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S ARAFAT, NAGI	3.2 NAME	
STREET ADDRESS	15055 S.W. 108TH TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T ASFOUR, SHEHAB	4.2 NAME	
STREET ADDRESS	9908 S.W. 117TH CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MOHAMMED, OSANA	5.2 NAME	
STREET ADDRESS	14224 S.W. 75TH TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KHALIL, ASSEM	6.2 NAME	
STREET ADDRESS	3416 W. LAKE PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	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** *Assem Khalil* 4/18/98 1954066 4175

CR2E037 (10/97)