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**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90023 049 \*\*\*\*70.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N96000003452**

1. Corporation Name

**EGYPTIAN-AMERICAN SOCIETY INC.**

Principal Place of Business

**4505 NW 103RD AVE  
SUNRISE FL 33351**

Mailing Address

**EGYPTIAN AMERICAN SOCIETY  
P.O. BOX 5075  
HOLLYWOOD FL 33083-5075  
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**06/27/1996**

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

**65-0694285**

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00 May Be  
Added to Fees**

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KHALIL, ASSEM  
3416 W LAKE PL  
MIRAMAR FL 33023**

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 **P** ☐ DELETE  
NAME **RASHDAN, MOHSEN**  
STREET ADDRESS **4442 WOODFEED BLVD.**  
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE **Khalil, Assem** ☒ Change ☐ Addition  
1.2 NAME **3416 W. Lake PL.**  
1.3 STREET ADDRESS **Miramar FL 33023**  
1.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE  
NAME **SAAD, MOHAMED**  
STREET ADDRESS **9624 N.W. 49TH ST.**  
CITY-ST-ZIP **SUNRISE FL**

2.1 TITLE **Arafat, Nagy** ☒ Change ☐ Addition  
2.2 NAME **15055 S.W. 108th Ter.**  
2.3 STREET ADDRESS **Miami FL 33196**  
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **ARAFAT, NAGI**  
STREET ADDRESS **15055 S.W. 108TH TERR**  
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE **El-Beidi, Osama** ☒ Change ☐ Addition  
3.2 NAME **1000 Parkview Dr. apt 1006**  
3.3 STREET ADDRESS **Hallandale FL 33009**  
3.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **ASFOUR, SHEHAB**  
STREET ADDRESS **9608 S.W. 117TH CT**  
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE **Asfour, Shehab** ☒ Change ☐ Addition  
4.2 NAME **9608 S.W. 117th CT.**  
4.3 STREET ADDRESS **Miami FL 33158**  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MOHAMMED, OSANA**  
STREET ADDRESS **14224 S.W. 75TH TERR**  
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE **Mohammed, Osama** ☒ Change ☐ Addition  
5.2 NAME **14224 S.W. 75th Ter.**  
5.3 STREET ADDRESS **Miami FL 33183**  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **KHALIL, ASSEM**  
STREET ADDRESS **3416 W. LAKE PL**  
CITY-ST-ZIP **MIRAMAR FL**

6.1 TITLE **Rashdan, Mohsen** ☒ Change ☐ Addition  
6.2 NAME **4442 Woodfield Blvd.**  
6.3 STREET ADDRESS **Boca Raton FL 33434**  
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, with all other like empowered.

SIGNATURE:

*Assem Khalil*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/99

Date

(954) 966-4175

Daytime Phone #

CR2E037 (11/98)

0027451