


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 08 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005332**  
 1. Corporation Name  
**ISLAMIC SOCIETY OF ORLANDO, INC.**

Principal Place of Business	Mailing Address
<b>120 UNIVERSITY PARK DRIVE SUITE 165 WINTER PARK, FL 32792</b>	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. <b>SUITE 140</b>	26 <b>P.O. BOX 4006</b>
22 City & State	27 City & State
<b>WINTER PARK, FL</b>	<b>WINTER PARK, FL</b>
23 Zip	28 Zip
<b>32793-4006</b>	<b>32793-4006</b>
24 Country	29 Country
<b>US</b>	<b>US</b>

3. Date Incorporated or Qualified <b>10/17/96</b>	3a. Date of Last Report
4. FEI Number <b>59-3406381</b>	Applied For <input type="checkbox"/> Not Applicable
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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STEPHEN N. DUNEGAN, ESQ. [CORRECT SPELLING & ADDRESS CHANGE.]**  
**390 NORTH ORANGE AVENUE**  
**SUITE 1650**  
**ORLANDO, FL 32801 US**

10. Name and Address of New Registered Agent

81 Name <b>STEPHEN D. DUNEGAN, ESQ.</b>	85 Zip Code <b>32803</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>800 N. MAGNOLIA AVENUE</b>	
83 City <b>SUITE 1500</b>	
84 City <b>ORLANDO</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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D/P</b>
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME	<b>AKRAM Y. SAFADI</b>
		1.3 STREET ADDRESS	<b>120 UNIVERSITY PARK DR., #140</b>
		1.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32792</b>
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D/S</b>
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	<b>AMIR ELMASRI</b>
		2.3 STREET ADDRESS	<b>120 UNIVERSITY PARK DR., #140</b>
		2.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32792</b>
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D/T</b>
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	<b>SAMER CHARANI</b>
		3.3 STREET ADDRESS	<b>120 UNIVERSITY PARK DR., #140</b>
		3.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32792</b>
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	<b>900002184509</b>
		6.3 STREET ADDRESS	<b>-05/20/97--01009--038</b>
		6.4 CITY-ST-ZIP	<b>***61.25</b>

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 its 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:** *Akram Y. Safadi* **Akram Y. Safadi** **4/20/1997** (407) 679-5959 ext. 1701  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (9/96)