'FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000006589 (3)

FILED Jan 22 1998 8:00am Secretary of State

MUSLIM BUSINESS & PROFESSIONAL ASSOCIATION, INC.							
Principal Place of Business Mailing Address			- ·· · ·				-
C/O A. A. ALI. CPA C/O A. ALI. CPA C/O A. A. ALI. CPA C/O A. ALI. CPA C/O A. ALI. CPA C/O			rive suite	ITE N3			3. Date Incorporated or Qualified 12/27/1996 4. FEI Number 59-3 45026 3 Applied For
-							APPLIED FOR O7-3 43008 Not Applicable
2. Principal P	Place of Business	2a. Mailing Address	S				5. Certificate of Status Desired S8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be
22		27					Trust Fund Contribution Added to Fees
City & State City & State							7. Is this nonprofit corporation a homeowners association?
Zip	Country		Zip Country				8. This corporation owes or has paid the current year Intangible
24	25 29 30		- ·			Personal Property Tax due June 30. Yes No	
~~,	9. Name and Address of Current	1——					10. Name and Address of New Registered Agent
				81	N	ame	
ALI, AKBAR A 6239 EDGEWATER DR. STE. N3				82	Şt	reet Addre	ss (P.O. Box Number is Not Acceptable)
ORLANDO FL 32810				83			
				84	Ci	ty	■■ 85 Zip Code
				نبلي	1	-	[-L
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 agen				ent sig	nature required	d when reinstating) DATE
12.	OFFICERS AND			3.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DAVOUS ASSISTABLIS	DELET	1	.1 TITLE			Change Addition
NAME	BAKSH, MUSTAPHA	y		.2 NAME			
STREET ADDRESS	5928 MAJOR BLVD. SUITE 207			.3 STREET		ESS	
CITY-ST-ZIP TITLE			1.4 CITY - ST - ZIP 2.1 TITLE		-	Change Addition	
NAME			.2 NAME			Change Discussion	
STREET ADDRESS	6239 EDGEWATER DR. SUITE	ຄາ		2.3 STREET A		rre	
CITY-ST-ZIP	ORLANDO FL 32810	UI .	·	, 4 CITY-S			Î
TITLE	P	☐ DELET		.1 TITLE	31-ZII		☐ Change ☐ Addition
NAME	MOEINIAN, BIJIAN			2 NAME			
STREET ADORESS	1603 BENDING BROOKWAY			3 STREET	ADDR	ess	
CITY-ST-ZIP	ORLANDO FL 32807			4. CITY-S			
TITLE	S	☐ DELET		1 TITLE			Change Addition
NAME	ALI, FAZEELA		4.	2 NAME			
STREET ADDRESS	800 N MAGNOLIA AVE 401		4.	3 STREET	ADDA	ESS.	
CITY-ST-ZIP			4 CITY - ST	T-ZIP			
TITLE			1 TITLE			☐ Change ☐ Addition	
NAME	nayyar, ansari		5.	2 NAME			
STREET ADDRESS	13746 SR 535		5.	3 STREET	ADDR	ESS	
CITY-ST-ZIP	ORLANDO FL 32806 540		4 CITY-S1	<u> 1- ΖΙ</u> Ρ			
TITLE	D	☐ DELET	E 6.	1 TITLE			Change Addition
NAME	KHAN, STEVE		6.	2 NAME			
STREET AODRESS	2610 KUNZE AVE		6.	3 STREET .	ADDR	ESS	
CITY-ST-ZIP	ORLANDO FL 32806		6.	4 CITY-ST	T-ZIP		

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 attack ment with an address.

SIGNATURE:

1-8-98

407-298-3900