


**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90271 012 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N97000000642**

1. Corporation Name

**WEST ORLANDO MUSLIM ORGANIZATION, INC.**

Principal Place of Business

1715 THOROUGHbred DRIVE  
GOTHA FL 34734

Mailing Address

1715 THOROUGHbred DRIVE  
GOTHA FL 34734

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/04/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3423167	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24		29		30	

8. Name and Address of Current Registered Agent

**ASSAD, AFZAL**  
**1715 THOROUGHbred DRIVE**  
**GOTHA FL 34734**

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

**FL**

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

4/27/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	T
NAME	ASSAD, AFZAL	1.2 NAME	JAMEER ABASS
STREET ADDRESS	1715 THOROUGHbred DR	1.3 STREET ADDRESS	8133 LESIA Circle
CITY-ST-ZIP	GOTHA FL 34734	1.4 CITY-ST-ZIP	ORLANDO, FL. 32835
TITLE	T	2.1 TITLE	T
NAME	KHAN, AHMIN	2.2 NAME	DENNIS ALIE
STREET ADDRESS	1120 SUMMER LAKE	2.3 STREET ADDRESS	8102 OAK PARK ROAD
CITY-ST-ZIP	ORLANDO FL 32835	2.4 CITY-ST-ZIP	WINDERMERE, FL. 32819
TITLE	T	3.1 TITLE	
NAME	INSHAN, AZAD	3.2 NAME	
STREET ADDRESS	387 KILLINGTON WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	ALLY, MOHAMED	4.2 NAME	
STREET ADDRESS	100 KILLINGTON WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/99

Daytime Phone #

CR2E037 (11/98)