


FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90107 004 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000004958					
1. Corporation Name HEALTH RESOURCE CENTER FOR PALESTINE, INC.					
Principal Place of Business 1313 S. MILITARY TRAIL SUITE 283 DEERFIELD BEACH FL 33442			Mailing Address 1313 S. MILITARY TRAIL SUITE 283 DEERFIELD BEACH FL 33442		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 08/26/1998	
4. FEI Number 31-1631173		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution			

9. Name and Address of Current Registered Agent HASHIM, LAMYAA M 2180 BURMA ROAD NEW SMYRNA BEACH FL 32164				10. Name and Address of New Registered Agent 81 Name HASHIM LAMYAA M 82 Street Address (P.O. Box Number is Not Acceptable) 123 NW 51 ST 83 84 City Pompano Beach FL 85 Zip Code 33064			
--	--	--	--	---	--	--	--

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 LAMYAA M. HASHIM, President DATE 1-29-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.1 TITLE D- CHAIRMAN B.O.D./PRESIDENT - P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME LAMYAA HASHIM 1.3 STREET ADDRESS 123 NW 51 ST COURT, 1.4 CITY-ST-ZIP POMPANO BEACH, FL 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE D- EXECUTIVE V.P./VICE PRESIDENT - V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME IBRAHIM DREHALI 2.3 STREET ADDRESS 4822 SW 30th LANE 2.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE D- SECRETARY / TREASURER - (S, T) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME SYED AHMAD 3.3 STREET ADDRESS 631 ANDERSON CIR #108 3.4 CITY-ST-ZIP DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Updated Annual Report
 with "D" to designate
 the 3 directors of
 the organization.

Any Questions,
 please call
 (561)-445-4774

Information stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/26/1999 (561) 912-8308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

updated on 4/5/1999

CR2E037 (1/98)