


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam? Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # S51883 (4) 1. Corporation Name ISLAMCO, INC.		

Principal Place of Business P.O. BOX 2494 TITUSVILLE FL 32781	Mailing Address P.O. BOX 2494 TITUSVILLE FL 32781
---	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent ITANI, SAMR 1614 COUNTRY CLUB 12 TITUSVILLE FL 32780	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City
---	---

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.
---

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ITANI, SAMR 1614 COUNTRY CLUB DR TITUSVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ITANI, SAMIH 1309 S WASHINGTON AVE TITUSVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KADUR, FAREE 2230 ROBINSWOOD RD TITUSVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 05/09/1991	
4. FEI Number 59-3110441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
85 Zip Code	FL

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
--

SIGNATURE: _____ (president) 2/17/98
--------------------------------------

CR2E034 (10/97)