FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF **FATE**

Sandra S. Mortha

Secretary of State DIVISION OF CORPORAT

DOCUMENT # P93000081800 (3)

CHATHAM CONTRACTING AND MANAGEMENT, INC.

Principal Place of Business	Mailing Address
9161 THAMES WAY	3161 THAMES WAY
MIRAMAR FL 33025	MIRAMAR FL 33025-4282

FILED May 02 1997 8:00am Secretary of State



MIRAMAR FL 33025	MIRAMAR FL 33025-4282	•	Í		
			3. Date Incorporated or Qualified 11/22/1993	3a. Date of L 05/01/19	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		Applied For
21 1935 NN 171" AVE	26 1935 NW 17	1. 17AF	65-0472310		Not Applicable
Suite, Apt #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	100	75 Additional se Required
City & State 23 PEMBROKE PINES	Sity & State 28 France Pin	£s	Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip Country	Zip 22022-	Country	8. This corporation has liability for		der s. 199.032,
	29 33026 30 of Current Registered Agent	USA	Florida Statutes L. 10. Name and Address of New Re	Yes No	
BROWN, PATRICK 3161 THAMES WAY		IDZI STEEL AUU	PATRICIO BROWN tress (P.O. Box Number is Not Acceptal	·	
MIRAMAR FL 33025		83 197	35 N.W 171" Ave	·	
		84 City PLA	Menologe Pines	FL 85	Zip Code 33028
11, Pursuant to the provisions of Sections	607.0502 and 607.1508, Florida Statutes, t	he shove named cor	novation submits this statement for the	virnose of chanc	ing its registered
office or registered agent, or with, in t	the State of Florida. Such change was authorities obligations of, Section 607.0505, Florida	orized by the corpora a Statutes.	ition's board of directors. I hereby acce	pt the appointme	nt as registered
SIGNATURE A	H. PATRICK P				Ì
Signature, typical or printed name of re-	g-stered again and this if applicable (NOTE: Re	gistered Agent signature requ	ired when reinstating)	8 · 10 · 97	
——————————————————————————————————————	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
INAME BROWN, PATRICK	DELETE	1.1 TITLE		☐ Ch	į.
ALAL THIRDS WAY	1	1.2 NAME			
LUDALIAD EL GOOG		1.3 STREET ADDRESS			
	DELETE	1.4 CITY-ST-ZIP		☐ Ch	ange Addition
BROWN, BEVERLY	Las Detert	2 1 TITLE 22 NAME			arige ROUTION
STREET ALIGNESS 3161 THAMES WAY	i	2.3 STREET ADDRESS			Ť
CHY-ST-ZIP MIRAMAR FL 33025	i	2.4 CITY-ST-ZIP			
-7Int	☐ DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	an Ch	ange Addition
NAME		3.2 NAME	.W	54	1
STREET ADDRESS		3.3 STREET ADDRESS			
City+S1+7IP	1	3.4. CITY-ST-ZIP			ĺ
TILE	DELETE	4.1 TITLE		☐ Ch	ange Addition
NAME	1	4 2 NAME			j
STREET ADDRESS		4.3 STREET ADDRESS			•
-City - 51- 2IP		4.4 CiTY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE	:	□ Ch	ange 🔲 Addition
NAME	ļ	5.2 NAME			· .
STREET ADDRESS	i	5.3 STREET ADDRESS			į
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TIFLE	DELETE	6.1 TITLE	•	☐ Ch	ange Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS]
CITY ST 7/P		64 CITY-ST-ZIP			

14. Ido 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 ij.oplanged, or on an attachment with an address. appears in Block 12 or Blo

SIGNATURE:

H. PATRICK BROWN