

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F35270** (0)
1. Corporation Name
CHAMAN CORPORATION

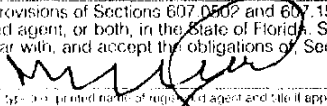


Principal Place of Business 895 HWY. 77 SOUTH PO BOX 606 CHIPLEY FL 32428	Mailing Address 895 HWY. 77 SOUTH PO BOX 606 CHIPLEY FL 32428-0806
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2. Principal Place of Business 21 1243 Main Street Suite, Apt. #, etc. 22 Suite 2 PO Box 791 City & State 23 Chipley Zip 24 32428 Country 25 USA		2a. Mailing Address 26 1243 Main ST Suite 2 Suite, Apt. #, etc. 27 P.O. Box 791 City & State 28 Chipley FL Zip 29 USA		3. Date Incorporated or Qualified 05/18/1981	3a. Date of Last Report 04/26/1996
		4. FEI Number 59-2129007		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ZAFAR, MUHAMMAD U 1000 S BLVD P.O. BOX 606 CHIPLEY FL 32428		10. Name and Address of New Registered Agent 81 Name Zafar Muhammad I. 82 Street Address (P.O. Box Number is Not Acceptable) 1554 South Blvd 83 P.O. Box 606 84 City Chipley FL 85 Zip Code 32428	
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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  DATE **4-3-97**
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUHAMMAD, IDREES MD	1.2 NAME	
STREET ADDRESS	112 SW BELLAIRE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALMBAY, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAFAR, SHADAB	2.2 NAME	
STREET ADDRESS	1000 S BLVD	2.3 STREET ADDRESS	1554 South Blvd
CITY-ST-ZIP	CHIPLEY FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAFAR, MUHAMMAD I	3.2 NAME	
STREET ADDRESS	1000 S BLVD	3.3 STREET ADDRESS	1554 South Blvd
CITY-ST-ZIP	CHIPLEY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-97 9046387623
Date Daytime Phone #

CR2E034 (9/96)