

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 2: 21

DOCUMENT # H45333

(2)

1. Corporation Name

NADEEM, INC.

Principal Place of Business

995 HWY 77 SOUTH
P O BOX 606
CHIPLEY FL 32428

Mailing Address

995 HWY 77 SOUTH
P O BOX 606
CHIPLEY FL 32428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1985

3a. Date of Last Report

05/17/1994

4. FEI Number

59-2624144

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$9.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt # etc

State Apt # etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZAFAR, MUHAMMAD I.
995 HWY 77 SOUTH
CHIPLEY FL 32428

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ZAFAR, MUHAMMAD I., MD
STREET ADDRESS 135 GILBERT DR.
CITY- ST- ZIP CHIPLEY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

PD ZAFAR, Muhammad I., MD
1000 S. Blvd
Chipley FL 32428
☒ Change ☐ Addition

TITLE D
NAME ZAFAR, SURRIYA T.
STREET ADDRESS 614 FOREST AVE.
CITY- ST- ZIP CHIPLEY FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE D
NAME SIDDIQUI, MUHAMMAD M.
STREET ADDRESS 935 BAREFOOT BLVD
CITY- ST- ZIP SEBASTIAN FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE D
NAME ZAFAR, SHADAB
STREET ADDRESS 135 GILBERT DR.
CITY- ST- ZIP CHIPLEY FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

D ZAFAR Shadab
1000 S. Blvd
Chipley FL 32428
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Muhammad I. Zafar, MD

3/21/95 904 6387623
(12)