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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

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 32428-0606



2. Principal Place of Business

21 1243 Main ST Suite 2
Suite, Apt. #, etc.

22 DO Box 608

23 Chipley FL
City & State

24 32428
Zip

Country

2a. Mailing Address

26 1243 Main ST Suite 2
Suite, Apt. #, etc.

27 DO Box 608

28 Chipley FL
City & State

29 32428
Zip

Country

3. Date Incorporated or Qualified

03/04/1985

3a. Date of Last Report

04/29/1996

4. FEI Number

59-2624144

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

1243 Main Street Suite 2

83

84 City

Chipley

FL

85 Zip Code

32428

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 reinstating)

DATE

4-3-97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ZAFAR, MUHAMMAD I. M.D.
STREET ADDRESS 1000 S. BLVD.
CITY- ST- ZIP CHIPLEY FL
☐ DELETE

TITLE D
NAME ZAFAR, SURRIYA T.
STREET ADDRESS 829 BRADLEY CIR
CITY- ST- ZIP LYNN HAVEN FL
☐ DELETE

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

TITLE D
NAME ZAFAR, SHADUB
STREET ADDRESS 1000 S. BLVD.
CITY- ST- ZIP CHIPLEY FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1554 South Blvd
1.4 CITY- ST- ZIP
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 3944 Solano Road
2.4 CITY- ST- ZIP Panama City, FL.
☒ Change ☐ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 1554 South Blvd
4.4 CITY- ST- ZIP
☒ Change ☐ Addition

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

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 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)