

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M99096** (3)

1. Corporation Name
MUZAFFAR A. CHAUDHRY, P.A.



Principal Place of Business
**C/O MUZAFFAR A. CHAUDHRY
3808 EAST 3RD ST.
PANAMA CITY FL 32401-5671**

Main Address
**C/O MUZAFFAR A. CHAUDHRY
3808 EAST 3RD ST.
PANAMA CITY FL 32401-5671**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

g. Name and Address of Current Registered Agent

**CHAUDHRY, MUZAFFAR A.
3518 E 15TH ST
PANAMA CITY FL 32404**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City, FL 85 Zip Code

3. Date of Incorporation or Creation: **09/19/1988**
3a. Date of Last Report: **04/18/1995**
4. EIN Number: **59-2908232** Applied For: Not Applicable
5. Certificate of Status Devoid: \$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. 190.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.012 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.012 and 607.1503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	D	<input type="checkbox"/> DELETED
2. NAME	CHAUDHRY, MUZAFFAR A.	
3. STREET ADDRESS	3808 E. 3RD ST	
4. CITY-ST. ZIP	PANAMA CITY FL	
5. TITLE		<input type="checkbox"/> DELETED
6. NAME		
7. STREET ADDRESS		
8. CITY-ST. ZIP		
9. TITLE		<input type="checkbox"/> DELETED
10. NAME		
11. STREET ADDRESS		
12. CITY-ST. ZIP		
13. TITLE		<input type="checkbox"/> DELETED
14. NAME		
15. STREET ADDRESS		
16. CITY-ST. ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	SECRETARY MUBASHIR A. CHAUDHRY	
3. STREET ADDRESS	3518 E. 15TH ST.	
4. CITY-ST. ZIP	PANAMA CITY FL 32404.	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST. ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST. ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST. ZIP		

14. I do hereby certify that the information supplied on this filing is true and does not qualify for the exemption stated in Section 190.032, 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, its registered agent 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 of this report or as a certificate with an address.

SIGNATURE: *Muzaffar A. Chaudhry* **MUZAFFAR A. CHAUDHRY** 4-10-96 904-769-5443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)