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Mar 28 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 # M99096 (3) N/C
1. Corporation Name: ~~MUZAFFAR A. CHAUDHRY, P.A.~~
DRS. CHAUDHRY AND CHAUDHRY PA 1-31-97



Principal Place of Business: C/O MUZAFFAR A. CHAUDHRY, 3608 EAST 3RD ST., PANAMA CITY FL 32401-5671
Mailing Address: C/O MUZAFFAR A. CHAUDHRY, 3608 EAST 3RD ST., PANAMA CITY FL 32401-5671

3. Date Incorporated or Qualified: 09/19/1988
3a. Date of Last Report: 04/15/1996
4. FEI Number: 59-2908232
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

2. Principal Place of Business: 21 3518 E. 15TH STREET, Suite, Apt. #, etc.:
22 City & State: PANAMA CITY FL
23 Zip: 32404, Country: USA
2a. Mailing Address: 26 3518 E. 15TH STREET, Suite, Apt. #, etc.:
27 City & State: PANAMA CITY FL
28 Zip: 32404, Country: USA
29 32404, 30 USA

9. Name and Address of Current Registered Agent: CHAUDHRY, MUZAFFAR A., 3518 E 15TH ST, PANAMA CITY FL 32404
10. Name and Address of New Registered Agent: 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	CHAUDHRY, MUZAFFAR A.	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CHAUDHRY, MUZAFFAR A.	3808 E. 3RD ST	1.2 NAME	
STREET ADDRESS: 3808 E. 3RD ST	PANAMA CITY FL	1.3 STREET ADDRESS: 3518 E. 15TH STREET	
CITY-ST-ZIP: PANAMA CITY FL		1.4 CITY-ST-ZIP	
TITLE: S	CHAUDHRY, MUBASHR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CHAUDHRY, MUBASHR	3518 E. 15TH STREET	2.2 NAME	
STREET ADDRESS: 3518 E. 15TH STREET	PANAMA CITY FL	2.3 STREET ADDRESS	
CITY-ST-ZIP: PANAMA CITY FL		2.4 CITY-ST-ZIP	
TITLE:		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY-ST-ZIP:		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: 000002127830	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP: -03/28/97--01139--028	
TITLE:		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS: ***165.00	
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: X *Muzaffar A. Chaudhry* REQUIRED Date: X 3-19-97 (904)-769-5443 Daytime Phone #

CR2034 (9/96)