

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **840363** (6)

1. Corporation Name  
**MOMAR, INC.**



Principal Place of Business: **1830 ELLSWORTH INDUSTRIAL DRIVE. NW  
BOX 19567  
ATLANTA GA 30325**

Mailing Address: **1830 ELLSWORTH INDUSTRIAL DRIVE. NW  
BOX 19567  
ATLANTA GA 30325**

3. Date Incorporated or Qualified: **04/05/1978**      3a. Date of Last Report: **04/11/1995**

4. FEI Number: **58-0524461**      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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BOWMAR, WILLIAM D JR  
610 RIVERSIDE COURT  
LONGWOOD FL 32750**

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 filer, as applicable.

(NOTE: Registered Agent signature required when registering.)

DATE:

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>PDT</b>	<input type="checkbox"/> DELETE
NAME	<b>MOHR, JULIAN B</b>	
STREET ADDRESS	<b>3640 PACES FERRY ROAD NW</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOHR, MARIAN B</b>	
STREET ADDRESS	<b>2575 PEACHTREE RD NE 115</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAFIN, MARGARET</b>	
STREET ADDRESS	<b>RT 1 2050 SCHILLINGS</b>	
CITY-ST-ZIP	<b>KENNESAW GA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BREZEL, A. S.</b>	
STREET ADDRESS	<b>1830 ELLSWORTH IND. DR.</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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 applicable, or as an attachment with an address.

SIGNATURE: *Allans Brezel*      1/13/96 (401)355-4580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      DAY/PHONE #

CR2E034 (12/95)