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FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000045717 (3)

1. Corporation Name

MOMED SERVICES, INC.

Principal Place of Business

6741 W SUNRISE BLVD #31
PLANTATION FL 33313

Mailing Address

6741 W SUNRISE BLVD #31
PLANTATION FL 33313-6029

3. Date Incorporated or Qualified

06/13/1994

3a. Date of Last Report

06/11/1996

2. Principal Place of Business

2a. Mailing Address

21 261 NW 16th STREET
Suite, Apt. #, etc.

26 261 NW 16th ST.
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Pompano Beach, FL
Zip 33060 Country USA

28 Pompano Beach, FL
Zip 33060 Country USA

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4. FEI Number

65-0501407

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be

Trust Fund Contribution

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

10. Name and Address of New Registered Agent

SAVERSTROM, PER
6741 W SUNRISE BLVD #31
PLANTATION FL 33313

81 Name

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

261 NW 16th ST.

83

84 City Pompano Beach

FL

85 Zip Code

33060

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

P
SAVERSTROM, PER T
6741 W. SUNRISE BLVD. #31
PLANTATION FL

☐ DELETE

1.2 NAME

VP
SAVERSTROM, JOAN V
6741 W. SUNRISE BLVD. #31
PLANTATION FL

☐ DELETE

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY-ST-ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY-ST-ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY-ST-ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY-ST-ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 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:

PER T. SAVERSTROM 4/28/97 954-786-0036

CR2E034 (9/96)