

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

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
TALLAHASSEE
Department of State
CORPORATION DIVISION

APPROVED
AND
FILED

95 FEB 28 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F26522** (5)
1. Name of Entity
JOHN MO CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **4811 SW 70TH TERR DAVIE FL 33314**
Mailing Address: **4811 SW 70TH TERR DAVIE FL 33314**

3. Date Incorporated or Qualified: **03/24/1981** 3a. Date of Last Report: **02/10/1994**

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
State, Apt. #, etc. State, Apt. #, etc.

4. FEI Number: **59-2089793** Applied For: Not Applicable

22. City & State: **27**
City & State

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. Zip: **28** Country: **29** 30. Country: **30**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.037, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CICERO, MAUREEN
4811 SW 70TH TERRACE
DAVIE FL 33314**

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: _____ DATE: _____
(Signature required for principal place of business, registered agent and the filer only) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	METHFESSEL, JOHN D
STREET ADDRESS	1308 PIERCE ST
CITY, ST, ZIP	RAHWAY NJ
TITLE	SD
NAME	CICERO, MAUREEN
STREET ADDRESS	4811 SW 70TH TERRACE
CITY, ST, ZIP	DAVIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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

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 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)(b), 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 the 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: *Maureen Cicero* MAUREEN CICERO 02/23/95 305-475-1871
(Signature and typed or printed name of signing officer or director) (Date) (Caption/Title)