

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F32640** (7)

1. Corporation Name

**MOMI, INC.**



Principal Place of Business

Mailing Address

**1566 DORCHESTER STREET  
PORT CHARLOTTE FL 33952  
US**

**1566 DORCHESTER STREET  
PORT CHARLOTTE FL 33952  
US**

3. Date Incorporated or Qualified  
**04/29/1981**

3a. Date of Last Report  
**02/28/1995**

2. Principal Place of Business

2a. Mailing Address

21 **12462 Krome Ave**

26 **12462 Krome Ave**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

23 City, State  
**Port Charlotte FL**

28 City, State  
**Port Charlotte FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

24 Zip Country  
**33981 US**

29 Zip Country  
**33981 USA**

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

**J. MAURICE DENOMME  
1566 DORCHESTER ST  
PORT CHARLOTTE FL 33952**

81 Name **J. MAURICE DENOMME**

82 Street Address (P.O. Box Number is Not Acceptable)  
**12462 Krome Ave**

83

84 City **Port Charlotte** FL 85 Zip Code **33981**

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **POST** ☐ DELETE  
NAME **DENOMME, J MAURICE**  
STREET ADDRESS **1566 DORCHESTER STREET**  
CITY-STATE-ZIP **PORT CHARLOTTE FL 33952**

1.1 TITLE **POST** ☒ Change ☐ Addition  
1.2 NAME **same**  
1.3 STREET ADDRESS **12462 Krome Ave**  
1.4 CITY-STATE-ZIP **Port Charlotte FL 33981**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/19/96 941-698-1950**  
Date Daytime Phone

CR2E034 (12/95)