FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F32640

(7)

MOMI,	INC.	·						
Penc pal Place of Business Mading Address 12462 KROME AVE 12462 KROME AVE PORT CHARLOTTE FL 33981 PORT CHARLOTTE FL 33981-1327 US US						1 128(108 (108 (1146 11010 B)(11 9)80% 900% 910() D)810 B(810 8100) D)814 B)(61)		
						3. Date Incorporated or Qualified 04/29/1981	3a. Date of La 02/23/199	
2. Frincipal Place of Business 2a. Mailing Ac			uddress			4. FEI Number NOT APPLICABLE		Applied For Not Applicable
21 Suite, Apt	1 #, C**	Suite, Apt #	, etc.			Certificate of Status Desired		5 Additional Required
22] City & St.	dec	City & State			n.m. tamerer.	6. Election Campaign Financing	\$5.	00 May Be
2 3] , Ziga	Country	28 Zio		Country		Trust Fund Contribution 8. This corporation has liability for	intangible tax und	led to Fees er s. 199.032,
25 29			30	L		Florida Statutes Yes No 10. Name and Address of New Registered Agent		
 De	9. Name and Address of Cu	rrent Hegistereo Agent		81	Name	10, Name and Address of New He	gratered Agent	·
DENOMME, MAURICE J. 12462 KROME AVE				82		ress (P.O. Box Number is Not Accepta	blo	
	OT CHARLOTTE FL 33981			83	Sireot Addi	ess (r.o. box number is not Accepta		
				84	City		lar I	7.p. Codo
				64	i		FL 85	Zip Code
agent 1 SIGNATURE	ani familiar with, and accept the of	bligations of, Section 607	'.0505, Florida	Statutes	S	ion's board of directors. I hereby acce	DATE	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI		
11111	POST DEMONMENT AMAILBIOE		E1,E1E	1.1 THILE			Char	ige Addition
NAME	DENOMME, J MAURICE 12462 KROME AVE			1.2 NAME	Ì			
STREET ADORESS	PORT CHAROLTTE FL		ł	13 STREET	ĺ			
City Sty75	PORT CHAROLITE PL		ELETE	1.4 CITY - S	I-ZIP		Char	nge Addition
10.E	Ì	L L	יגננונ	2.1 TITLE			L., Gibi	ige Lij Addition
NAM:			·	22 NAME	ADDDERO			
STREET ACTOR 2	1		Į.	2.3 STREET	1			
_CTY+5 - 201 = - Trage			ELETE	2.4 CHY-5 3.1 THLE	71 - ZIF		☐ Char	nge Addition
NAMI		٠. د		3 2 NAME				190 1100
- SERELL MODRESS	.		ľ	3.3 STREET	ADDIBESS			
CHY SI-Zer	'-			3.4 CITY-5				
Sur alize		T776	ELETE	4.1 TITLE)1-2ll		Char	nge Addition
NAM.				4. 2 NAME				
\$9611.400 % %				4 3 STREET	ADDRESS			
	`[1		. [
LETY_ST_ZP TOTAL			PELETE	4.4 CITY - S 5.1 TITLE	1-214		Cha:	nge [_] Addition
NAMI		L., 1		5 2 NAME	1		L. J. O. I.O.	ig. Lagridon
					ADDRESS			
SPREAL ADDRESS	` [53 STREET	MUDHE 92			
	1			F 4 600	7 710			
_Cd5 Sl+7 ± = _181.E			DELETE	54 CITY-S 61 TITLE	T-2IP		Char	nge Addition

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

1,414 \$(8) H-4004, 55

14. I do I ereby 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 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 of this amount report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I amount officer or director of the control of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name opposits in Block 12 or Block 13 if glianging or on an attachment with an address. 94/6981950

FILED

Mar 21 1997 8:00am

Secretary of State