SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -1 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G79599** **(8)**

1. Corporation Name
MOM'S KITCHEN, INC.

Principal Place of Business	Mailing Address
% CASORIA & GOFF, P.A. 1040 BAYVIEW DR., #600 FORT LAUDERDALE FL 33304	% CASORIA & GOFF, P.A. 1040 BAYVIEW DR., #600 FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/20/1984	3a. Date of Last Report: 07/29/1994
2. Principal Place of Business (21): 948 N.E 62 St	2a. Mailing Address (26): Same
Suite, Apt. #, etc. (22): Ft. Lauderdale, Fla	Suite, Apt. #, etc. (27):
City & State (23): 33334 Broward	City & State (28):
Zip (24): / Country (25):	Zip (29): / Country (30):
4. FEI Number: 59-2447763	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	

9. Name and Address of Current Registered Agent

CASORIA & GOFF, P.A.
1040 BAYVIEW DR.
SUITE 600
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name: Casoria & Goff P.A
82 Street Address (P.O. Box Number is Not Acceptable): 1040 Bayview Dr.
83: Ft. Lauderdale, Fla
84 City: FL 85 Zip Code: 33304

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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] 7/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	LAMONICA, GEORGE	12 NAME		
STREET ADDRESS	948 NE 62ND ST.	13 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	14 CITY-ST-ZIP		
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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 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: George LaMonica 7/27/95 (305) 564-4600
George LaMonica, President
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED Date (Daytime Phone #)

0071316 CP