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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

K93329

(6)

1. Corporation Name MOM'S PLACE, INC.



Principal Place of	Business	Mailing Address			
Principal Place of Business 1135 IVAN BLVD LABELLE FL 33935		% PO BOX 250 LABELLE FL 33			
		US		3. Date Incorporated or Cualified 3 06/06/1989	3a. Date of Last Report 02/14/1995
2. Principal Piace	e of Business	2a. Mailing Address		4. FET Number 65-0182953	Applied For Not Applicable
21					\$8.75 Additional
Suite, Apt #, a	etc.	27	M.	5. Certificate of Status Desired [Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country 30	8. This corporation has lability for inta Florida Statutes Yes [ingible tax under s=199 032, ∐No
24	9. Name and Address of Curr	29 ent Registered Agent		10. Name and Address of New Reg	
	3, 144110 4110 1110 1110 1110		81 Name		
ramunni, steven a			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)	
	MAIN STREET		83		
LABELL	E FL 33935		83		
			84 City		FL 85 Zip Code
SIGNATURE si		AND DIRECTORS	(\$00) Rug Gere (Ajec) Septal de resid 13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP\$	[] DELE II	1 1 Till(E		Change Addition
NAME	RISLEY, MARY A 1135 IVAN BLVD		1.2 NAME		
STREET ADDRESS	LABELLE FL 33935		13 STREET ADDRESS		
CHY-ST-ZIP TITLE	1	DELET	1.4 CHY+SI+ZIF 2.1 TTLE		Change Addition
NAME	RISLEY, MARY A	Comment	2.2 NAME		
STREET ADDRESS	1135 IVAN BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935	F 101.51	2 4 CHY-SI-ZIP		Change Addition
TITLE		DEI,F1	E 3.1 THEE 3.2 NAME		F1 82 Fm
NAME STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			3.4 COTY ST-200		
TITLE		DELE1	E 4, 1311LE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELE	4.4 CITY - S1 - ZIP 5.1 THLF	40000191	Change Addition
NAME		<u></u>	5.2 NAM=	40000181 -05/13/96010	17035
STREET ADDRESS			5.3 STREET ADDRESS	***208.08	
C-TY -ST-ZIP			5.4 CI^Y - ST - ZIP		Change Addition
THLE		DEVE			Clidings D Applican
NAME			62 NAME		1.91 -1
STREET ADDRESS			6.3 STHEET ADDRESS 6.4 City - St - 7:P		5-1-96 or
CITY-ST-ZIP			■ 54 C(11-5)-211	(/ d)	7/(9/k) Florida Statutes I further

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 offect as if made under certify 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:

Mass A Kishin MI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER PRINTECTOR