

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
7/10/95

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L29267** (6)

1. Corporation Name  
**MOMAR INVESTMENTS, INC.**

Principal Place of Business  
**448 HOLIDAY DR  
HALLENDALE FL 33009**

Mailing Address  
**448 HOLIDAY DR  
HALLENDALE FL 33009**

Do not WRITE IN THIS SPACE

3. Date Incorporated or Reinstated  
**11/08/1989**

3a. Date of Last Report  
**02/28/1994**

4. FIC Number  
**65-0193195**

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**

6. This corporation has liability for obligations incurred as a result of Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. State of Incorporation

26. State of Mailing Address

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

25. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NANOIA, MAURICE, JR  
448 HOLIDAY DR  
HALLENDALE FL 33009**

B1. Name

B2. Street Address (P.O. Box Number is Not Applicable)

B3.

B4. City

**FL**

B5. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.1904, 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. Each change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. My term will end at the expiration of the next 12/31/95, Florida Statutes.

SIGNATURE

Name of Registered Agent (Type or Print Name)

Name of Registered Agent (Type or Print Name)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY	STATE	ZIP
<b>P NANOIA, JR., MAURICE</b>	<b>448 HOLIDAY DR</b>	<b>HALLENDALE FL</b>		
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP
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NAME	STREET ADDRESS	CITY	STATE	ZIP
NAME	STREET ADDRESS	CITY	STATE	ZIP

NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>
NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>
NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>
NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>
NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>
NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>
NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>
NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>
NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, certify that the information supplied with this filing is accurate, truthful and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered office of the corporation to which this report is submitted as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or an attachment thereto.

SIGNATURE: **MAURICE NANOIA JR**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**PRESIDENT**

4/26/95  
205-585-7080  
Date Date of Filing