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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **1998** DOCUMENT # P92000011488 (3) MOMCO PROPERTIES, INC. Principal Place of Business Mailing Address 1640 PERIWINKLE WAY C/O MOSCATO FRALEY, LLP. 119 WEST TUPPER STREET SUITE IV **BUFFALO NY 14201** DO NOT WRITE IN THIS SPACE SANIBEL ISLAND FL 33957 3. Date Incorporated or Qualified 12/14/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0400754 Not Applicable 21 26 Suite, Apt. #. etc. \$8.75 Additional Suite, Apt. #. etc 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible Yes ∐ No Personal Property Tax due June 30. 24 30 25 29 10. Name and Address of New Registered Agent . Name and Address of Current Registered Agent 81 Name BRODEUR, RICHARD J 1640 PERIWINKLE WAY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE IV SANIBEL ISLAND FL 33957 83 84 City Zio Code 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 [NOT] Registered Agent signature required when reinstating) Signature: typied or priored masse of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE Change Addition TITLE 1.1 1000 OSHEI, MARY B NAME 12 NAME 1341 MIDDLE GULF DRIVE STREET ADDRESS 1.3 STREET ADDRESS **SANIBEL ISLAND FL 33957** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 100 F TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CHY-ST-ZIP CITY-ST-ZIP TITLE DETETE 4.1 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TOLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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14. I hereby 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 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 if changed, or on an attachment with an address ah. mu R Ma

6.4 CITY - ST - ZIP

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