

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000047345 (2)**

1. Corporation Name
MUMMA, INC.

Principal Place of Business Mailing Address
82 PALM DRIVE **82 PALM DRIVE**
BAY POINT **BAY POINT**
KEY WEST FL 33040 **KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/06/1993** 3a. Date of Last Report: **05/19/1994**
4. FEI Number: **65-0441870** 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

2. Principal Place of Business 2a. Mailing Address
21. 26.
Suits, Apt. #, etc. Suits, Apt. #, etc.
22. 27.
City & State City & State
23. 28.
Zip Country Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
SYNON, IMOGENE M
420 FLEMING STREET
KEY WEST FL 33040

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip 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: _____ (Signature) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VALLET, LOUIS M
STREET ADDRESS	82 PALM DR., BAY POINT
CITY- ST- ZIP	KEY WEST FL 33040
TITLE	DST
NAME	SYNON, IMOGENE M
STREET ADDRESS	82 PALM DR., BAY POINT
CITY- ST- ZIP	KEY WEST FL 33040
TITLE	V
NAME	CANALEJO, RAY
STREET ADDRESS	82 PALM DR., BAY POINT
CITY- ST- ZIP	KEY WEST FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I 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)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Imogene M. Synon* 3/1/95 305-745-1044
SIGNATURE AND TYPE ON PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Typed Name)