

FILE NOW: FILING FEE AFTER 11:15 \$225.00

CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary
DIVISION OF CORPORATIONS

FILED
May 13 1998 8:00am
Secretary of State

DOCUMENT # P93000075766
1. Corporation Name
MAMA MIA INC.

Principal Place of Business Mailing Address
441 S. TAMiami TRAIL
NOKOMIS, FLORIDA 34275
SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	24. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 441 S. TAMiami TRAIL	26 441 S. TAMiami TRAIL	10/25/93	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 City & State NOKOMIS, FLORIDA	28 City & State NOKOMIS, FLORIDA	65-0469423	Not Applicable
24 Zip 34275	29 Zip 34275	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 SARASOTA	30 SARASOTA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 198.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WESTRA CLAUDIA A. 1008 GROVE STREET NOKOMIS, FLORIDA 34275	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 _____ DATE _____
NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME WESTRA, CLAUDIA A. STREET ADDRESS 1008 GROVE STREET CITY - ST - ZIP NOKOMIS, FLORIDA 34275	1.1 TITLE	1.2 NAME
TITLE D	NAME WESTRA, DENNIS G. STREET ADDRESS 1008 GROVE STREET CITY - ST - ZIP NOKOMIS, FLORIDA 34275	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
TITLE	NAME	2.1 TITLE	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
TITLE	NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
TITLE	NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
TITLE	NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 897, Florida Statutes, and that my name appears in Block 12 or Block 13, or on an Attachment with an address.

SIGNATURE: Claudia A. Westra CLAUDIA A. WESTRA 4/30/98 941-4883755