FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000045717 (3)

1. Corporate Name
MOMED SERVICES, INC.

Principal Address
6741 W SUNRISE BLVD #31
PLANTATION FL 33313

Mailing Address
6741 W SUNRISE BLVD #31
PLANTATION FL 33313

3. Date Incorporated / Qualified: 06/13/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 65-0501407
Applied For / Not Applicable

Street Address
22

Street Address
27

5. Certificate of Status Desired: $8.75 Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees

24 25 29 30

8. The corporation has elected to be governed by the provisions of Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

SAVERSTROM, PER
6741 W SUNRISE BLVD #31
PLANTATION FL 33313

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 Section 607.0505 or 607.1008, 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. The corporation's registered agent, having been named in accordance with Section 607.0501, Florida Statutes, hereby accepts the appointment as registered agent. I am familiar with and hereby accept the duties and responsibilities of registered agent under Section 607.0505, Florida Statutes.

Signature of Registered Agent

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

		P PER T. SAVERSTROM 6741 W. SUNRISE BLVD. #31 PLANTATION, FL 33313
		VP JOAN V. SAVERSTROM 6741 W. SUNRISE BLVD. #31 PLANTATION, FL 33313

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 Florida law; and that my name appears above, or on an attachment with all other like empowered officers and directors, as they appear on the records of the corporation and that my name appears in block 12 or 13 of this report.

SIGNATURE: Per T. Saverstrom 4/27/95 305-583-7077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PER T. SAVERSTROM

0222016 CP