

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mayfield
Secretary of State
1900 W. 11th Street, 10th Floor
Tallahassee, Florida 32304-3000

**APPROVED
AND
FILED**

ST MAY 1 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076605 (2)

1. Corporation Name:

MOMINA & AHMED, INC.

Principal Office Address:
**1786 SEMORAN BLVD.
WINTER PARK FL 32792**

Mailing Address:
**1786 SEMORAN BLVD
WINTER PARK FL 32792**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created 10/18/1994		3a. Date of Last Report	
4. FEI Number 59-3274283		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. 190.012, Florida Statutes. ☐ Yes ☒ No			

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

9. Name and Address of Current Registered Agent

**STONE, STEPHEN M
725 NORTH MAGNOLIA AVE.
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.01(2) and 607.1508, Florida Statutes, the above named corporation submits the 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 stipulations of Section 607.01(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent and Notary Public)

(Signature of Registered Agent or Registered Agent and Notary Public)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
1. NAME	DPST MALIK, ASMA S 1786 SEMORAN BLVD. WINTER PARK FL 32792	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY, STATE		3. CITY, STATE	
4. NAME		4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY, STATE		6. CITY, STATE	
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, STATE		9. CITY, STATE	
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, STATE		12. CITY, STATE	
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, STATE		15. CITY, STATE	
16. NAME		16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY, STATE		18. CITY, STATE	

14. I, the undersigned, certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption stated in Sections 190.011, Florida Statutes. I further certify that the information included on this annual report or supplementary 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 on Block 1 of the Block 1 and Block 2 of the attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 671-6560
407-6560