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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000072079 (3)

 Corporation 	n Name	•	•		
MOM	C, INC.			LIGHTINGS ME JANA GUNI ATAN ARMI BANG BA	1161 (BBLZ 618)(BZ(() 1854 (B)) 1846
Principal Place	of Business	Mailing Address			
THE PARK	11/28		11125		
SEMINOLE	, , , , ,	14867 PARK BLVD. SEMINOLE FL 34642			
				2. Data language and as Qualified Ba	Date of Lest Depart
				09/15/1995	Date of Last Report
2. Principal Pl	lace of Business	2a. Mailing Address		4. FET Number 59-3838420	Applied For Not Applicable
h	BACK BLVD #104		EXBLID + 104	5. Certificate of Status Desired	\$8.75 Additional
22] [[4 3 Oity & State		27 ///25 /// City & State	TICK DLVD 71 12 T		Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζ(μ) 24	Country 25	Z _I p	Country 30	8. This corporation has liability for intangit Florida Statutes Yes N	
	9. Name and Address of Current	a relicional residence com a consecuencia accusado con cuancia		10. Name and Address of New Registe	red Agent
			81 Name		
MCCOY, ANTHONY P				ess (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · ·
3664 EAST BAY DRIVE STE 204 ARGO FL 34641 83					
LARGO		1	83		
	> 3 6	67	84 City		EL 85 Zip Code
11, Porsuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the above-named corpora	ation submits this statement for the numose o	f changing its registered office
or register	red agent, or both, in the State of Florid ith, and accept the obligations of, Section	a. Such change was author	ized by the corporation's boar	d of directors. I hereby accept the appointmen	nt as registered agent. I am
SIGNATURE	Unation P. M.	an ANTHON	ry P. McGs	2/19/	96
		nd title i applicable (f	NO E: Registered Agent signature required		TE
12. Till f	PRESIDENT	DELETE	13. 1. 1 TiTLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
NAME C	Tall COASERAN		1.2 NAME		C. J. S. Maringo
STREET ADDRESS	13665 CAST BAY AMMONY P. M. CY LARGO PR 346		1.3 STREET ADDRESS		
City - S1 - ZiP	1A800 PR 346	41	1.4 CITY - ST - ZIP		
JUFE	1	☐ DELFTE	2. 1 TITLE		Change Addition
SAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CHY \$1 ZiP	ļ	ET DOLGT	2 4 CITY - ST - ZIP	•.	F7 AL F7 4 LD
THE		☐ DELETE	3 1 TITLE		Change Addition
MAME Carry Laborator			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
THUE		DELETE	3.4 CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4.2 NAME		_ · · · · · · · · · · · · · · · · · · ·
STREET ADDRESS			4.3 STREET ADDRESS		
CUTY ST ZIP			4 4 CITY - ST - ZIP		
10°UF	T	☐ DELETE	5. 1 TITLE		Change Addition
NAME			5.2 NAME		
STHEE! ACCORESS			5.3 STREET ADDRESS		
CITY - S.I - ZIP			54 CITY-ST-ZIP		
1006		DELETE	6 1 TITLE		Change Addition

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 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.

62 NAME

SIGNATURE:

NAME

STREET ADDRESS

IGNATURE AND TYPED OF PRINTED NAME OF STANI

ANTHOUS PMC Co.

63 STREET ADDRESS 64 CHTY-ST-ZIP

> 2/5/8 \$3-395.8066 Date Dayme Proces