

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *P96000015995*
1. Corporation Name *ME 'MOM INC.*

Principal Place of Business _____ **Mailing Address** _____

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 2/19/96	3a. Date of Last Report N.A.
21 503A TAYLOR AVENUE <small>Suite, Apt. #, etc.</small>	26 503A TAYLOR AVENUE <small>Suite, Apt. #, etc.</small>	4. FEI Number 59-3360731		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 _____ <small>City & State</small>	27 _____ <small>City & State</small>	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 CAPE CANAVERAL FL <small>Zip</small>	28 CAPE CANAVERAL FL <small>Zip</small>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 32920 <small>Country</small>	25 BREVARD <small>Country</small>	29 32920 <small>Country</small>	30 BREVARD <small>Country</small>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name	JILL N. ANDERSON		
				82 Street Address (P.O. Box Number is Not Acceptable)	503A TAYLOR AVENUE		
				83			
				84 City	CAPE CANAVERAL	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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	JILL N. ANDERSON
STREET ADDRESS		1.3 STREET ADDRESS	503A TAYLOR AVENUE
CITY - ST - ZIP		1.4 CITY - ST - ZIP	CAPE CANAVERAL FL 32920
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	JOANNA W. ANDERSON
STREET ADDRESS		2.3 STREET ADDRESS	521A TAYLOR AVENUE
CITY - ST - ZIP		2.4 CITY - ST - ZIP	CAPE CANAVERAL FL 32920
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	300002196673
STREET ADDRESS		6.3 STREET ADDRESS	-05/30/97--01115--014
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Joanna W. Anderson* **JOANNA W. ANDERSON** **5/12/97** **407-784-6581**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)