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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

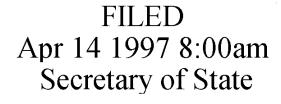
DOCUMENT # P96000034298 (5)

MOM'S FAMOUS, INC.

MOM 2 LYMODS! INC.								

Principal Place of Business

Mailing Address





145 NW 20TH ST BOCA RATON FL \$3431			145 NW 20TH ST BOCA RATON FL 33431-7901							
<u> </u>							3. Date Incorporated or Qualified 04/19/1996	3a. Da	le of Last F	Report
2. Principal Place of Busin	2a. Mailing	Address				4. FEI Number		V A	pplied For	
21		26							lot Applicable	
Sulte, Apt. #, etc.		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	Country 25	Z ip 29		30 Cou	intry		8. This corporation has liability for in Florida Statutes	ntangible t Yes		s. 199.032,
g, Name	and Address of Curre	nt Registered A	gent				10. Name and Address of New Reg	istered A	.gent	
HOURANEY, F	. William				81	Name				
145 NW 20TH BOCA RATON		82 Street Addre			lress (P.O. Box Number is Not Acceptable)					
				į	83					
					84	City		FL		Code
	ions of Stictions 607.050 leat, or both in the State in, and legent the oblig	02 and 607,1508 e of Florida. Such pations of Section	, Florida Statut i change was a i 607.0505, Fk	es, the at authorized orida Stati	d by utes	the corporat	oration submits this statement for the pi ion's board of directors. I hereby accep	irpose of	changing in interest as	its registered ; registered
SIGNATURE Signature, typed	or privace name of registrary ag	ent and title if applicable	e. (NOT	L: Registered	Ape	nt signature requir	ed when reinstating)	DATE	FIVIV	
12.	OFFICERS AN	ID DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12
TITLE GRES	S . 1		☐ DELETE	1.1 [1]	LE				Change	Addition
NAME F. G	JILLIAM HOL	JRANEY		1.2 NA	ME					
STREET ADDRESS 145	NW 204 5	· (*	22.121	1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	CA CATO	NIFON	334 <u>3</u>	1.4 Cf1		· 2(P				
TITLE VP	A		☐ DITEIF	2.1 T//		}		L	Change	Addition
AME SIM. DANES+19M1 TREET ADDRESS 10893 GLENEAGO		VALERY	AYEHA 221h		2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS 1089	S CLEWEN	PLES KID	23/3/				·			
TITLE 1504	N TON DI	CH. FCIT	DELETE	2 4 Cl 3.1 Til		1-211		r	Change	Addition
NAME				3.2 NA		}		•		
STREET ADDRESS						ADDRESS (
DITY-ST-ZIP				3.4. CI						
TITLE			DELETE	4 1 TH]	Change	Addition
NAME				4. 2 NA	ME				-	
STREET ADDRESS				4.3 ST	REET A	ADDRESS				
at a second of				4.4 Ci1	Y-ST	- ? IP				
CITY-ST-ZIP										Addition
			DELETE	5.1 111	LE	t			Change	
TITLE			DELETE						Change	<u>La</u> ridanion
TITLE NAME			DELETE	5.1 TITI 5.2 NA	ME	ADDRESS			Change	
Title Name Street address				5.1 TITI 5.2 NA	ME REET /	ľ			Change	
TITLE NAME STREET ADDRESS CHTY-ST-ZIP			DELETE	5.1 TITE 5.2 NAI 5.3 STE	ME REET / V-ST	ľ			Change	Addition
TITLE NAME STREET ADDRESS CHTY-ST-ZIP TITLE				5.1 TH 5.2 NA 5.3 STF 5.4 CH	ME REET / V-ST LE	ľ				
City-st-zip Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				5.1 TITU 5.2 NAI 5.3 STF 5.4 CIT 6.1 TITU 6.2 NAI	ME REET / Y-ST LE ME	ľ				

1 do negoty certify that the information supplied with this filing does not quality 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 chapted, or on an attachment with an address.

NIONATURE:

T-W HOURANEY

1/10/97 5

561-750-1903