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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000035988 (0) DOCUMENT #

MOM'S REALTY, INC. OF FT. LAUDERDALE

## **FILED** Feb 13 1998 8:00am Secretary of State



Principal Plan	ce of Business	Mailing Address			I JOOITOOL FAN THING BILL GOFIL DOAL GOLL GOLD GOES	Q1440 40404 08404 <b>  10</b> 11 1 <b>00</b> 1
8570 SW 26TH PLACE 8570 SW 26TH PLACE						
DAVIE FL 33		DAVIE FL 33328				
					DO NOT WRITE IN THIS S	PACE
					3. Date Incorporated or Qualified	
2. Principal F	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		04/22/1996 4. FEI Number	Applied For
21		26		65-0658443	Applied For Not Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Žip	Country	7)p	Country	/	8. This corporation owes or has paid the curr	
24	25 25 Name and Address of Curre	29	30]		Personal Property Tax due June 30.  10. Name and Address of New Registered A	Yes No
EO	EDMAN, BRENDA L	it trogistored Agent	81	Name	ID. Name and Address of New Registered A	(gent
8570 SW 26TH PLACE DAVIE FL 33328			<u> </u>			
			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
<b>.</b>	177E 1 E 000E0		83			
			-			(
			84	City	FL	85 Zip Code
SIGNATURE	Signative typed or proted name of registers Lag.	entand the diapplicable (NC	TE Registered Age			
12.	OFFICERS AN	DIBLECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	
NAME	FRIEDMAN, JEFFREY B	L) DITTIE	1.1 TOLE			Change Addition
STREET ADDRESS	8570 SW 26TH PLACE		1.2 NAME 1.3 STREET	ADDOCCC		
CITY-ST-ZIP	DAVIE FL		1.4 CiTY - S			
TITLE		DELETE	2.1 TITLE	91 - £3F		☐ Change ☐ Addition
NAME			2.2 NAME	ľ		
STREET ADDRESS		•	2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY-	ST - ZIP		
TITLE		DELFTE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-5	ST-ZIP		Change Addition
NAME		E' DEFELIE	4.1 DILE 4.2 NAME			T custine T whollow
STREET ADORESS			4.2 NAME	ADDRESS		
CITY-ST-ZIP			4.4 City-S			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADORE\$S		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			S.VIDAS	T 210		

14. Thereby 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.