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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000035988

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

MOM'S REALTY, INC. OF FT. LAUDERDALE

Principal Place	e of Business	Mailing Address			I (90)(90) (10 10)(0 0)(\$1 00)(1 00)(1 00)(5 0)(0\$ 0)(0\$ 0)(0\$ 0)(0\$ 10)(0\$ 10)(0\$ 10)
8570 SW 26TH PLACE 8570 SW 26TH PLACE					
DAVIE FL 33328 DAVIE FL 33328					
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 04/22/1996
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 26		26			65-0658443 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.	-		5. Certificate of Status Desired \$8.75 Additional
27					Fee Required
City & State City & St		City & State	ate		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip ·	Country	•	8. This corporation owes the current year Intangible
24	25		0		Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent	81	lama.	10. Name and Address of New Registered Agent
EDIE	DMAN RRENDA I		01	Name	
FRIEDMAN, BRENDA L 8570 SW 26TH PLACE			82	Street Addre	ress (P.O. Box Number is Not Acceptable)
DAVIE FL 33328			-		
UAVI	E FL 33320		83		
			84	City	FL 85 Zip Code
dd Division	As the emissions of Continue 607 0500	and 607 1509 Florido Statutos	the above	named corn	oration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State of familiar with, and accept the obligation	if Florida. Such change was aut	honzed by	the corporatio	on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	egistered Age	nt signature required	d when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	V	☐ DELETE	11 TITLE	-	Change Addition
NAME	FRIEDMAN, JEFFREY B		1.2 NAME		
STREET ADDRESS	8570 SW 26TH PLACE		1.3 STREE	TADDRESS	
CITY-ST-ZIP	DAVIE FL		1.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	2.1 TITLE	-	☐ Change ☐ Change
NAME			2.2 NAME		1-Riebman, Broma a L.
STREET ADDRESS			2.3 STREE	T ADDRESS	8590 SW 26th Mace
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP	BANIE PL 333348
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRESS	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		•
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CfTY-ST-ZIP

SIGNATURE: