

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

FILED
Sep 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000067759
 1. Corporation Name
 MOMAR ARAB BANKS, INC

Principal Place of Business: 1851 Old Eagle Lake Rd Bartow FL 33830
 Mailing Address: P.O. Box 1119 Highland City FL 33846

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City, State, Zip, and Country (FL, POLK).

3. Date Incorporated or Qualified: 1996
 3a. Date of Last Report: 157
 4. FET Number: 40-4452360
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: Frances J Morris, Above address

10. Name and Address of New Registered Agent (81-85) fields.

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: *Frances J Morris* DATE: 8/17/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	President
STREET ADDRESS		13 STREET ADDRESS	AS ABOVE
CITY-ST-ZIP		14 CITY-ST-ZIP	1851 Old Eagle Lake Rd Bartow 33830
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Rachel S. Marshall
STREET ADDRESS		23 STREET ADDRESS	AS ABOVE
CITY-ST-ZIP		24 CITY-ST-ZIP	1851 Old Eagle Lake Rd Bartow 33830
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	700002305507
STREET ADDRESS		43 STREET ADDRESS	-09/29/97--01004--003
CITY-ST-ZIP		44 CITY-ST-ZIP	***385.00
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	600002305506
STREET ADDRESS		53 STREET ADDRESS	-09/29/97--01004--002
CITY-ST-ZIP		54 CITY-ST-ZIP	***165.00
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: *Frances J Morris* DATE: 8/17/97

CR2E034 (9/96)