

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

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**May 01 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 # **589614** (7)

1. Corporation Name  
**LOBSTER POT, INC.**



Principal Place of Business: 17814 GULF BLVD. REDINGTON SHORES FL 33708

Mailing Address: 17814 GULF BLVD. REDINGTON SHORES FL 33708-1165

3. Date incorporated or Qualified: 10/06/1978

3a. Date of Last Report: 03/13/1996

4. FEI Number: 59-1858731

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc. *PA*

22. City & State *PA*

23. Zip Country

24. Zip Country

25. Zip Country

26. Suite, Apt. #, etc. *PA*

27. City & State *PA*

28. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

SHAFFER, WALTER L JR  
2430 ESTANCIA BLVD, STE 108  
CLEARWATER FL 34621

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. *PA*

84. City

85. Zip Code

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. *PA*

84. City

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: *PA* (Signature of Registered Agent) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REITER, FRITZ	1.2 NAME	
STREET ADDRESS	17814 GULF BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	REDINGTON SHORES FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUHRMANN, EUGEN	2.2 NAME	
STREET ADDRESS	17814 GULF BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	REDINGTON SHORES FL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REITER, JOAN	3.2 NAME	
STREET ADDRESS	17814 GULF BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	REDINGTON SHORES FL	3.4 CITY - ST - ZIP	
TITLE		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		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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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, 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, but not an officer or director.

SIGNATURE: *Eugen Fuhrmann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Eugen Fuhrmann**

Date: \_\_\_\_\_

Daytime Phone #: (813) 392-4354

CR2E034 (9/96)