

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 10/06/1978	
2. Principal Place of Business 21 Suite, Apt. #, etc. DA 22 City & State I 23 Zip I Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. DA 27 City & State I 28 Zip I Country 30
4. FEI Number 59-1858731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> DA	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **DA**
 82 Street Address (P.O. Box Number is Not Acceptable) **I**
 83 **I**
 84 City **I** **FL** 85 Zip Code **I**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

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 appointed 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: **[Signature]** **4-29-98** **181A-3919509**

CR2E034 (1097)