

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **375355** (5)
1. Corporation Name
NEW ENGLAND OYSTER HOUSE OF WEST FORT LAUDERDALE, INC.



Principal Place of Business 605 E DANIA BCH BLVD DANIA FL 33004	Mailing Address 605 E DANIA BCH BLVD DANIA FL 33004-3018
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3. Date Incorporated or Qualified 01/08/1971	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1349371	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent LOFFLER, LEONARD L 611 E DANIA BEACH BLVD. DANIA FL 33004	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SV	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOFFLER, MILDRED L	1.2 NAME			
STREET ADDRESS	611 E DANIA BCH BLVD	1.3 STREET ADDRESS			
CITY - ST - ZIP	DANIA FL	1.4 CITY - ST - ZIP			
TITLE	VAS	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOFFLER, MARY ELLEN	2.2 NAME			
STREET ADDRESS	605 E DANIA BCH BLVD	2.3 STREET ADDRESS			
CITY - ST - ZIP	DANIA FL	2.4 CITY - ST - ZIP			
TITLE	PT	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOFFLER, LEONARD L	3.2 NAME			
STREET ADDRESS	611 E DANIA BCH BLVD	3.3 STREET ADDRESS			
CITY - ST - ZIP	DANIA 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			

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:  4-7-97 (954) 925-1444
Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)