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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 406162

CAPTAIN ED'S LOBSTER TRAP, INC.

(8)

FILED May 14 1997 8:00am Secretary of State



Principal Place of Business 1801 8. FEDERAL HIGHWAY PO BOX 21648 FT. LAUDERDALE FL 33335-8648		1901 S. FEDER/ PO BOX 21648	FT. LAUDERDALE FL 33335-1648			3. Date Incorporated or Qualified			
2. Principal P	lace of Business	2a. Mailing Add	iress			4. FEI Number			aplied For
il		26			59-1417379 Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt. (, etc.			5. Certificate of Status Desired			Additional equired
City & Stat	в	City & State				6. Election Campaign Financing		\$5.00	May Be
:3		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Country	,	8. This corporation has liability for	intangible	tax under s	. 199.032,
4	25	29	30	L			Yes [
	9. Name and Address of Curr	rent Registered Agent		81	Name	10. Name and Address of New R	egistered .	Agent	
	RLISLE, E L III			61	Name				
	1 S FEDERAL HWY		82 Street Ad		Street Add	lress (P.O. Box Number is Not Accepta	ble)		
FII	LAUDERDALE FL 33316			83		· · · · · · · · · · · · · · · · · · ·			
				03	1				
	,			84	City		FL	85 Zip	Code
SIGNATURE		AND DIRECTORS		13.	ent signature requ	ined when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE CERS AND		
TITLE	POT		OCCETE	1.1 THLE				Change	Addition
NAME	CARLISLE, EDWARD, III			1.2 NAME					
STREET ADDRESS	1901 S FEDERAL HWY			1.3 STREET	ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL VS		OELE TE	1.4 CITY - S	17-21P				- I Andrew
TITLE	CARLISLE, LORI)ELT IE	2.1 TITLE	i			Change	☐ Addition
NAME STREET ADDRESS	1901 S FEDERAL HWY			2.2 NAME 23 STREET	ADDDCCC				
CITY-ST-ZIP	FT LAUDERDALE FL			2 4 CHY-					
TITLE			DELETE	3 1 TITLE	01-11			Change	Addition
NAME				32 NAME	Ì			-	
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4. C(1Y-	S1 - 2/P				
TITLE			Ser Fre	4.1 TITLE				Change	Addition
			ettie .	4.1 (III.C	l	,			
NAME			Jettie	4. 2 NAME					
STREET ADDRESS		[] t	JELETE .	4. 2 NAME 4.3 STREET					
STREET ADDRESS CITY-ST-ZIP		_		4. 2 NAME 4.3 STREET 4.4 CITY-5					Adatt
STREET ADDRESS CITY-ST-ZIP TITLE		_	DELETE	4. 2 NAME 4.3 STREET 4.4 CITY - 5 5.1 TITLE					Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	4. 2 NAME 4.3 STREET 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ST-ZIP ADDRESS			Change	
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STREET ADDRESS CITY-ST-ZIP			DELETE	4. 2 NAME 4.3 STREET 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ST-ZIP ADDRESS ST-ZIP			Change	☐ Addition

I do hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the concording or the receiver or trustee enjoywered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ghanged, or on an attachment with an address.