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OFFICE OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Murphree
Secretary of State
Division of Corporations

DOCUMENT # 491286 (1)
1. Corporation Name
MR. CRABS, INC.

Principal Place of Business Mailing Address
**200 E MC NAB RD
POMPANO BCH FL 33060
US** **300 E OCEAN AVE
LANTANA FL 33462
US**

Do Not Write in This Space

3. Date Incorporated or Qualified **03/11/1976** 3a. Date of Last Report **04/29/1994**
4. FEI Number **59-1656566** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
6. This corporation has liability for intangible tax under § 199.02, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21. State Apt # etc. 26. State Apt # etc.
22. City & State 27. City & State
23. City & State 28. City & State
24. City & State 25. City & State 29. City & State 30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAVENDER, JOEL P.
2300 E. LAS OLAS BLVD., SUITE 2 EAST
FT. LAUDERDALE FL 33301**

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

11. Pursuant to the provisions of Sections 607 (240), 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607 (240), Florida Statutes.

SIGNATURE

Signature of Agent or Registered Agent for the Corporation

Signature of Registered Agent for the Corporation

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1. TITLE	☐ Change ☐ Addition
NAME	CORDERO, WAYNE	1. NAME	
STREET ADDRESS	3164 NE 31 AVE.	1. STREET ADDRESS	
CITY, ST, ZIP	LIGHTHOUSE POINT FL	1. CITY, ST, ZIP	
TITLE	D	2. TITLE	☐ Change ☐ Addition
NAME	CORDERO, WAYNE	2. NAME	
STREET ADDRESS	3164 NE 31 AVE.	2. STREET ADDRESS	
CITY, ST, ZIP	LIGHTHOUSE POINT FL	2. CITY, ST, ZIP	
TITLE		3. TITLE	☐ Change ☐ Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(9)(b), Florida Statutes. I further certify that the information included 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 of this report, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE CORDERO

5/6/95 (407) 533-5720