FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

DOCUMENT # 577060 (7)

1. Corporation Name

PINELLAS CRABCOOKER, INC.

Principal Place of Business	Mailing Address
4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807	4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 95-3309792 — 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)
2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301	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 607.0502 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) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	AS	1.1 TITLE ☐ Change ☐ Addition
NAME	MCMAHON, JUDITH	1.2 NAME
STREET ADDRESS	4155 E LA PALMA AVE #250	1.3 STREET ADDRESS
CITY, ST, ZIP	ANAHEIM CA	1.4 CITY, ST, ZIP
TITLE	DV	2.1 TITLE ☐ Change ☐ Addition
NAME	TALLICHET, CECILIA	2.2 NAME
STREET ADDRESS	4155 E LA PALMA AVE #250	2.3 STREET ADDRESS
CITY, ST, ZIP	ANAHEIM CA	2.4 CITY, ST, ZIP
TITLE	PD	3.1 TITLE ☐ Change ☐ Addition
NAME	TALLICHET, DAVID C JR	3.2 NAME
STREET ADDRESS	4155 E LA PALMA AVE #250	3.3 STREET ADDRESS
CITY, ST, ZIP	ANAHEIM CA	3.4 CITY, ST, ZIP
TITLE	AT	4.1 TITLE ☐ Change ☐ Addition
NAME	ROYSE, BOB D.	4.2 NAME
STREET ADDRESS	4155 E LA PALMA AVE #250	4.3 STREET ADDRESS
CITY, ST, ZIP	ANAHEIM CA	4.4 CITY, ST, ZIP
TITLE	ST	5.1 TITLE ☐ Change ☐ Addition
NAME	TALLICHET, CECILIA	5.2 NAME
STREET ADDRESS	4155 E LA PALMA AVE #250	5.3 STREET ADDRESS
CITY, ST, ZIP	ANAHEIM CA	5.4 CITY, ST, ZIP
TITLE		6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Cecilia Tallichet V.P. Cecilia Tallichet 4-21-95 714 579-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0393202 CP