PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Suite, Apt. #, etc.

City & State

Zip

27

28

DOCUMENT # 577060

Suite, Apt. #, etc.

City & State

24

PINELLAS CRABCOOKER, INC.

Principal Place of Business	Mailing Address		
Principal Place of Business 4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807	4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807		
2. Principal Place of Business	2a. Mailing Address		

29 25 9. Name and Address of Current Registered Agent

Country

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90081 039 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For

□No

\$8.75 Additional

Fee Required

\$5,00 May Be Added to Fees

☐ Yes

Not Applicable

06/27/1978 4. FEI Number

95-3309792

5.-Certifcate of Status Desired-

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

	<u> </u>		1			
			81	Name		
PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET		82	Street Address (P.O. Box Number is Not Acceptable)			
	AHASSEE FL 32301		83			
			84	City	FL 85 Zip C	
office or re	to the provisions of Sections 607.0502 and 607.1508, Florida S egistered agent, or both, in the State of Florida. Such change w m familiar with, and accept the obligations of, Section 607.0505	ras author	rized by 1	-named he corpo	corporation submits this statement for the purpose of changing its r oration's board of directors. I hereby accept the appointment as reg	egistered istered
SIGNATURE					equired when reinstation) DATE	\
12.	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS	(NOTE: Rega	13.	signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE			1.1 TITLE		Change	Addition
	70 —					_
NAME	MCMAHON, JUDITH 4155 E LA PALMA AVE #250		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP	ANAHEIM CA		1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change	Addition
			2.1 SILE 2.2 NAME			_
NAME	TALLICHET, CECILIA					
STREET ADDRESS	4155 E LA PALMA AVE #250		,2.3 STREET ADDRESS		• •	
CITY-ST-ZIP	ANAHEIM CA PD DELET		2.4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
TITLE		_				
NAME	TALLICHET, DAVID C JR	1	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		☐ Change	Addition
TITLE	AI		4.1 TITLE		· ·	
NAME	ROYSE, BOB D.		4. 2 NAME			
STREET ADDRESS	4155 E LA PALMA AVE #250		4.3 STREET			
CITY-ST-ZIP	ANAHEIM CA		4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	Addition
TITLE	31		5.1 III LE: 5.2 NAME		Change	
NAME	TALLICHET, CECILIA			ANDRESS		
STREET ADDRESS	4155 E LA PALMA AVE #250		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
CITY-ST-ZIP	ANAHEIM CA		6.1 TITLE	- 4 F	· Change	Addition
TITLE	Decei	- 1	6.2 NAME		· ·	
NAME		- E	6.3 STREET	ADDDESS		ļ
STREET ADDRESS			6.4 CITY-ST			
CITY-ST-ZIP	wife, that the information quanticed with this filing does not quality			_	Lin Section 119 07/3/(i) Florida Statutes further certify that the in	formation
14. I hereby o	ertify that the information supplied with this filing does not quali	ity for the	exempti	on stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the in	om an

Country

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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 ar 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, with all other like empowered.

714.579-3900