

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000003229 (2)

1. Corporation Name

LOBSTER COVE MARKET AND MARINA, INC.

Principal Place of Business

33 RIVER ROAD  
GLOUCESTER MA 01930

Mailing Address

33 RIVER ROAD  
GLOUCESTER MA 01930



2. Principal Place of Business

2a. Mailing Address

21 606 N VICTORIA TERR.

26 33 RIVER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE

27 SUITE

City & State

City & State

23 FT. LAUDERDALE FL

28 GLOUCESTER MA

Zip

Zip

Country

24 33004

25 BROWARD

29 01930

Country

30 FSEEX

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/14/1993

3a. Date of Last Report

04/17/1995

4. FFI Number

04-2513360

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. 193.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

BURKHARDT, RICHARD  
600 VICTORIA TERR.  
FT. LAUDERDALE FL 33304

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

*Richard Burkhardt*

Signature typed or printed name of registered agent and of individual.

(NOTE: Registered Agent's name must be typed or printed.)

4/1/96

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P  
LORING, CHARLES A III  
33 RIVER ROAD  
GLOUCESTER MA 01930

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP  
BURKHARDT, RICHARD  
33 RIVER ROAD  
GLOUCESTER MA 01930

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S  
CAHIL, PETER  
33 PLEASANT ST.  
GLOUCESTER MA 01930

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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)(g), 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:

*Richard Burkhardt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

DATE

554 467 2489

Original Filing #

CR2E034 (12/95)