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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500003551 (7)

THE AUTHENTIC MAINE LOBSTER BAKE CO

FILE AC	THENTIC MAINE LOBST	EN DARL CO.			1,811,111,111,111,111,111,111,111,111,1	
Principal Plac	e of Business	Mailing Address			-	MANIT ROLDS (130) OLINI BILIN 1584 (128)
11270 PALM BEACH BLVD FT MYERS FL 33905 US		18050 BAY POINTE BLVD C-203 NO FT MYERS FL 33917 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address			07/17/1995 4. FEI Number 01-0343906	Applied For Not Applicab
Suite, Apt.	#, elc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	Zip 29	30 C	ountry	This corporation owes or has paid Personal Property Tax due June 3	30. Yes No
	9. Name and Address of Cur	rent Registered Agent		81 Name	10. Name and Address of New Reg	latered Agent
BROWNRIGG, JAMES P. 16050 BAY POINTE BLVD STE #C-203 NO FT MYERS FL 33917					iss (P.O. Box Number is Not Acceptable	6)
office or r agent. I a SIGNATURE	Signature, typed or printed name of registures	DWWR1GI,	0	red Agent signature requires	ontion submits this statement for the publis board of directors. I hereby accept dwhen reinstating) ADDITIONS/CHANGES TO OFFICE	4/6/9 8 DATE
TITLE NAME STREET ADDRESS	PC BROWNRIGG, DIANE M 16050 BAY POINTE BLVD,	☐ DELETE	1.2 1.3	TITLE NAME STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME	NO FT MYERS FL STVC BROWNRIGG, JAMES P.	DELETE	2.1	CITY-ST-ZIP TITLE NAME		Change Addition
STREET ADDRESS	16050 BAY POINT BLVD, #	C-203	2.3	STREET ADORESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 3.2 3.3	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Additio
ITLE IAME ITREET ADORESS		DELETE	4.1 4.2	TITLE NAME STREET ADDRESS		Change Addition
City-St-Zip Ittle Iame		DELETE	5.1	CITY-ST-ZIP TITLE NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TILE		□ DELETE	5.4	STREET ADDRESS CITY-ST-ZIP TITLE		Change Addition
name Street adoress		C veen	6.2	NAME STREET ADDRESS		C Owner C Month

14. Thereby certify that the information supplied with this filing 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 oath; that I am an officer or director of the corporation of the society or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 schanged, of my an attachment with an address.