

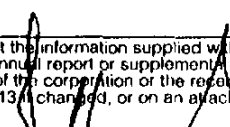


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F99399 (0) 1. Corporation Name LU-MAR LOBSTER AND SHRIMP, INC.					
Principal Place of Business 1201 BIG OAK LANE SARASOTA FL 34242			Mailing Address P.O. BOX 40062 CRESCENT BEACH STATION SARASOTA FL 34242-0062		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 3900 CLARK RD Suite, Apt. #, etc. 22 STE C1 City & State 23 SARASOTA FL Zip 24 34233 Country 25 USA		2a. Mailing Address 26 3900 CLARK RD Suite, Apt. #, etc. 27 STE C1 City & State 28 SARASOTA FL Zip 29 34233 Country 30 USA		3. Date Incorporated or Qualified 09/14/1982 4. FEI Number 58-2218406 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ANDERSON, KENT J 8075 SOUTH BENEVA ROAD SUITE 8 SARASOTA FL 34238-2908			10. Name and Address of New Registered Agent 81 Name NICK ROKNICH, Nick III 82 Street Address (P.O. Box Number is Not Acceptable) 1800 2ND STREET 83 STE 901 84 City SARASOTA FL 85 Zip Code 34236		
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  NICK ROKNICH III DATE 4/29/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition CHIEF EXECUTIVE OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP MARK SEDACCA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8815 HAVENRIDGE DR SARASOTA FL 34238		
14. I hereby 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 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, changed, or on an attachment with an address. SIGNATURE:  JEFFREY SEDACCA DATE 4/29/98 941-927-1311					

CR2E034 (10/97)