

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # K94745**

**(2)**

1. Corporation Name

**LAND'S END SHRIMP & OYSTER BAR, INC.**

Principal Place of Business

735 DODECANESE BLVD  
SUITE 25  
TARPON SPRINGS FL 34689

Mailing Address

735 DODECANESE BLVD  
SUITE 25  
TARPON SPRINGS FL 34689



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

**25** Zip

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

**30**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

**30**

9. Name and Address of Current Registered Agent

**KOENN, DEBRA A  
735 DODECANESE BLVD  
SUITE 25  
TARPON SPRINGS FL 34689**

**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 *Debra A. Koenn*

Signature, typed or printed name of registered agent and title (if applicable)

NOTE: Registered Agent signature required when changing

**3-20-96**

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<b>1. TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>1.1 TITLE</b>	<b>1.2 NAME</b>	<b>1.3 STREET ADDRESS</b>	<b>1.4 CITY-ST-ZIP</b>	<b>□ Change</b>	<b>□ Addition</b>
<b>2. TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>2.1 TITLE</b>	<b>2.2 NAME</b>	<b>2.3 STREET ADDRESS</b>	<b>2.4 CITY-ST-ZIP</b>	<b>□ Change</b>	<b>□ Addition</b>
<b>3. TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>3.1 TITLE</b>	<b>3.2 NAME</b>	<b>3.3 STREET ADDRESS</b>	<b>3.4 CITY-ST-ZIP</b>	<b>□ Change</b>	<b>□ Addition</b>
<b>4. TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>4.1 TITLE</b>	<b>4.2 NAME</b>	<b>4.3 STREET ADDRESS</b>	<b>4.4 CITY-ST-ZIP</b>	<b>□ Change</b>	<b>□ Addition</b>
<b>5. TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>5.1 TITLE</b>	<b>5.2 NAME</b>	<b>5.3 STREET ADDRESS</b>	<b>5.4 CITY-ST-ZIP</b>	<b>□ Change</b>	<b>□ Addition</b>
<b>6. TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>6.1 TITLE</b>	<b>6.2 NAME</b>	<b>6.3 STREET ADDRESS</b>	<b>6.4 CITY-ST-ZIP</b>	<b>□ Change</b>	<b>□ Addition</b>

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 1B or Block 43 if changed, or by an attachment with an address.

SIGNATURE: *Debra A. Koenn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-20-96 934-9392**  
(813)

CR2E034 (12/95)