
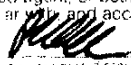
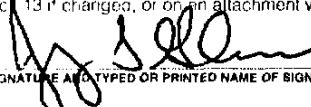


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P93000026190 1. Corporation Name  Cooters Eat !Em Raw Bar, Inc.			
Principal Place of Business 30 Cypress Drive Palm Harbor, FL 34684		Mailing Address 30 Cypress Drive Palm Harbor, FL 34684	
2. Principal Place of Business 21 423 Poinsettia Ave. State, Apt. #, etc. 22 City & State 23 Clearwater Beach, FL Zip Country 24 34630 25 USA		2a. Mailing Address 26 423 Poinsettia Ave. Suite, Apt. #, etc. 27 City & State 28 Clearwater Beach, FL Zip Country 29 34630 30 USA	
9. Name and Address of Current Registered Agent St. Arnold, Jack R. 1370 Pinehurst Rd. Dunedin, FL 34698		10. Name and Address of New Registered Agent 81 Name Patrick M. O'Connor 82 Street Address (P.O. Box Number is Not Acceptable) 18167 US 19 n. 83 Suite 150 84 City Clearwater FL 85 Zip Code 34624	
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 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:  DATE: 4/1/97			
12. OFFICERS AND DIRECTORS 11 TITLE PT <input checked="" type="checkbox"/> DELETE 12 NAME Flowers, Michael 13 STREET ADDRESS 30 Cypress Drive 14 CITY-ST-ZIP Palm Harbor, FL 21 TITLE S <input type="checkbox"/> DELETE 22 NAME Mauser, August 23 STREET ADDRESS 423 Poinsettia Ave. 24 CITY-ST-ZIP Clearwater Beach, FL 31 TITLE <input type="checkbox"/> DELETE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE <input type="checkbox"/> DELETE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE <input type="checkbox"/> DELETE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE <input type="checkbox"/> DELETE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME Glover, Jerry 13 STREET ADDRESS 423 Poinsettia Ave. 14 CITY-ST-ZIP Clearwater Beach, FL 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP			
14. I do 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 if changed, or on an attachment with an address. SIGNATURE:  President 4-10-97 813-462-2668 Date Daytime Phone #			

CR2E034 (9/96)