

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 # P93000041709 (5)

1. Corporation Name

MAINE LOBSTER-LINK, INC.



Principal Place of Business

1101 SOUTH DIXIE HWY
POMPANO BCH FL 33060
US

Mailing Address

50 SE KINDRED ST., #107
STUART FL 34994
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
06/07/1993

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0416412

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

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

[Signature]

(If Not Registered Agent, Signature Required with Resignation)

(Date)

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

D
KENNEY, DANIEL
PO BOX 1210
WESTPORT NO

TITLE

D
TSARIS, GREGORY P.
1 WATER STREET
KITTEERY ME

TITLE

P
REED, MARK
P.O. BOX 2722 N/A
STUART FL

TITLE

☐ DELETE

TITLE

☐ DELETE

TITLE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

11. TITLE

P, S

12. NAME

Kenney, Daniel

13. STREET ADDRESS

c/o N. Dean Kohl, Jr.
50 SE Kindred St., Stuart, FL. 34994

14. CITY-STATE-ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

200001884642
-07/05/96--01028--041
***200.00

☐ 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)(s), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Gregory P. Tsaris

4/15/96

Delayed Filing Fee

CR2E034 (12/95)