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PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000053679 (5)

1. Corporate or Name
CRABBY BILL'S MANAGEMENT CORP.

Principal Place of Business
101 PHILIPPE PKWY
SUITE 200
SAFETY HARBOR FL 34695
US

Mailing Address
677 EXECUTIVE CENTER DR.
STE 305
ST. PETERSBURG FL 33706-2474

3. Date Incorporated or Qualified
07/28/1993

3a. Date of Last Report
03/21/1996

2. Principal Place of Business
21 Suite Apt. #, etc.
22 City & State
23 Zip Country
24 34695 25

2a. Mailing Address
26 101 Philippe Parkway
27 Suite Apt. #, etc.
27 Suite 200
28 City & State
28 Safety Harbor, FL
29 Zip Country
29 34695 30 US

4. FEI Number
59-3196743

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. 199.032, Florida Statutes
Yes No

9. Name and Address of Current Registered Agent
SMITH, DARRELL C.
101 E. KENNEDY BLVD
SUITE 2800
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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]
[Signature] or printed name of registered agent and if not applicable
(NOTE: Registered Agent signature required when reinstating)
DATE

12. OFFICERS AND DIRECTORS
TITLE PST
NAME HUMBOLDT, JAMES R.
STREET ADDRESS 101 PHILIPPE PKWY SUITE 200
CITY-ST-ZIP SAFETY HARBOR FL
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
[Change] [Addition]
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
[Change] [Addition]
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
[Change] [Addition]
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
[Change] [Addition]
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
[Change] [Addition]
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
[Change] [Addition]

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: [Signature]
[Signature] AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3/24/97 Daytime Phone #