SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000053679 (5)

CRABBY BILL'S MANAGEMENT CORP.

101 PHILIPPE PKWY SUITE 200 SAFETY HARBOR FL 34695 US		SU SA US	101 PHILIPPE PARKWAY SUITE 200 SAFETY HARBOR FL 34695 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/28/1993	
2. Principal Place of Business			2a. Malling Address			4. FEI Number 59-3196743	Applied For Not Applicable
Suite, Apt. #, etc,			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		27	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	29	Zip	Cour	itry	This corporation owes or has paid the corporation Property Tax due June 30.	urrent year Intengible Yes No
9. Name and Address of Current			istered Agent			10. Name and Address of New Registered Agent	
SMIT	TH, DARRELL C.				81 Name	ERALD C. PARKER	·
101 E. KENNEDY BLVD SUITE 2800					82 Street A	ddress (P.O. Box Number is Not Acceptable)	STE 300
TAMPA FL 33602				ŀ	83		
1744				_	84 City	fety harbor f	L 85 Zip Code
11. Pursuant office or agent. I a SIGNATURE	am familiar with, and absort the ob	ligations o	1, \$80000 607.0505, FI	ionda Siaii	ve-named co by the corpo ites.	rporation submits this statement for the purpose of ration's board of directors. I hereby accept the app	changing its registered cintment as registered
40	Signalure, typed sprinted name of registered a OFFICERS	·		OTE: Register	d Agent signature	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	PST	AND DIRE	DELETE	1.1 TIT	F	CHAIRMAN CFO	Change Addition
NAME	HUMBOLDT, JAMES R.		Y	1.2 NA	ME	CEDALO C PARKER	· ·
STREET ADDRESS	101 PHILIPPE PKWY SUITE	200	Γ		EET ADDRESS	101 PHILIPPE PARKU	MY STE 300
CITY-ST-ZIP	SAFETY HARBOR FL			1.4 CIT	Y-ST-ZIP	SAFETY HARBER FL	34695
TITLE			DELETE	2.1 TITI	.E		Change Addition
NAME				2.2 NA	4E	•	2
STREET ADDRESS				2.3 STR	EET ADDRESS		
CITY-ST-ZIP				2.4 CIT	Y-ST-ZIP		
TITLE			DELETE	3.1 TITI	.E		Change Addition
NAME				3.2 NA			
STREET ADDRESS					EET ADDRESS		
CITY-ST-ZIP				3.4 CIT 4.1 TITI	Y-ST-ZIP		The Large
TITLE			DELETE	4.1 IIII			L Change Addition
NAME					EET ADDRESS		
STREET ADDRESS					Y-ST-ZIP		
CITY-ST-ZIP TITLE			DELETE	5.1 TITI			Change Addition
NAME			f" Dere ie	5.2 NA			Change L Addition
STREET ADDRESS					EET ADDRESS		·
CITY-ST-ZIP					Y-ST-ZIP		
TITLE			DELETE	6.1 TITI			Change Addition
NAME			T™ DECE IE	6.2 NA	.		Shange Adoldon
STREET ADDRESS					EET ADDRESS		

6.4 CITY-ST-ZIP

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 impowered 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.

FILED

Oct 07 1998 8:00am

Secretary of State