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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000085949 (4)

JJ'S STONE CRABS, INC.

NAME STREET ADDRESS

CITY-ST-7@

SIGNATURE:

Principal Place of Business Mailing Address 3800 S. OCEAN DR. 3800 S. OCEAN DR. SUITE 210 Suite 210 HOLLYWOOD FL 33019 HOLLYWOOD FL 33019-2915 3. Date Incorporated or Qualified 3a. Date of Last Report 12/13/1993 01/30/1996 2. Principal Place of Business Applied For 2a. Mailing Address 4. FEI Number 65-0455627 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country Zip 2mThis corporation has liability for injungible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KRAMER, ANDREW L Name 3511 W. COMMERCIAL BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 402 FT. LAUDERDALE FL 33309 83 84 City 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, Typied or printed name of regis visid agent and tile if applicance (NOTE Fingistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. Change Addition □ DELETE 1.1 TITLE TITLE KAPLAN, JOSH 1.2 NAME NAME 3800 S. OCEAN DR., SUITE 210 STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33019 1.4 CITY-ST-ZIP CITY - ST - ZIF □ DELETE 21 TITLE ☐ Change ☐ Addition TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 C!TY-ST-ZIP CITY - ST - ZIF Change DELETE 31 TITLE Addition TITLE 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS CITY-SI-7P 3.4. CITY -ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ___ Addition 5.1 Table TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADORESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change 61 TITLE Addition TITLE 62 NAME

6.3 STREET ADDRESS

6.4 C/TY - 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 Brock 12 or Block 13 if changed or on an attachment with an address.