FILE NOW: FILING FEE AFTER MAY 1ST IS \$5 **PROFIT** FLORIDA DEPARTMENT

CORPORATION ANNUAL REPORT

1998



Sandra B. Morti

Secretary of Stat

DIVISION OF CORPOR TIONS

FILED May 08 1998 8:00am Secretary of State

WE'VE GOT THE CRABS, INC.	(5)			
Principal Place of Business	Mailing Address		, 100,100,110,100,110,110,110,110,110,11	210 11612 16160 11412 1161 1661
622 182 AVE REDINGTON SHORES FL 33708	622 182 AVE	00700		
REDITION SHORES PL 33/06	REDINGTON SHORES F	L 33/08	DO NOT WRITE IN THIS	S SPACE
			3. Date Incorporated or Qualified	
			03/21/1994	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-3244469	Not Applicable
22	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Co ntry	8. This corporation owes or has paid the c	urrent year Intangible
24 25	29	30	Personal Property Tax due June 30.	Yes No
e, Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	d Agent
ENGLANDER, LEONARD S				
5959 OENTRAL AVE 201 St Petersburg FL 33710		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SI FEIENSBURG FL 337 IU		63		
		' 84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	and 607.1508, Florida Statu If Florida, Such change was ions of Section 607.0505, F	ites, the above-named cor authorized by the corpora lorida Statutes.		
SIGNATURE				
Signature, typed or profed name of registered agent		TE Registered Agent signature requirement		
TITLE P	DELETE	13. 1.1 TiTL€	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12 S ☐ Change ☐ Addition
NAME CHIVAS, FRANK R		1.2 NAME		E outside E vacition
STREET ADDRESS 622 182ND AVE		1.3 STREET ADDRESS		[8]
CITY-ST-ZIP REDINGTON SHORES FL 33	708	1.4 CITY - ST - ZIP		į
TITLE	DELETE	2.1 HTLE		☐ Change ☐ Addition C
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY - ST - ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME CTORET ADDRESS		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3.4 CHY-ST-ZIP 4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 City-St-ZiP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	· ·	☐ Change ☐ Addition
NAME		■ 0.0 HAJAE		
STREET ADDRESS		6.2 NAME		
CITY-ST-ZIP		6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

Indicated on this annual report or supplied with this tilling closes for quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that the informatio 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 eath; that I am an officer or director of this corporation or the preciver 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 a fattachment with an address

4/20/00