

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000041634 (4)**

1. Corporation Name

**THE LOBSTER BOX RESTAURANT INC.**



Principal Place of Business

786 CURTISWOOD ROAD  
KEY BISCAIYNE FL 33149

Mailing Address

786 CURTISWOOD ROAD  
KEY BISCAIYNE FL 33149

2. Principal Place of Business

21 **799 ALLENDALE Rd.**  
State: Apt. #, etc.

2a. Mailing Address

26 **799 ALLENDALE Rd.**  
State: Apt. #, etc.

22. City & State

23 **Key Biscayne Fl.**

27. City & State

28 **Key Biscayne Fl.**

24. Zip

25 **33149** 25 **U.S.A.**

29. Zip

30 **33149** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

**MUSACCHIA, ROBERT**  
786 CURTISWOOD ROAD  
KEY BISCAIYNE FL 33149

3. Date incorporated or Qualified

**06/03/1994**

3a. Date of Last Report

**03/02/1995**

4. FET Number

**NOT APPLICABLE**

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

10. Name and Address of New Registered Agent

81 Name **MUSACCHIA, ROBERT**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**799 ALLENDALE Rd.**  
83  
84 City **Key Biscayne,** FL 85 Zip Code **33149**

11. Pursuant to the provisions of Sections 607.011 and 607.010, 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 607.011, Florida Statutes.

SIGNATURE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>1. TITLE <input type="checkbox"/> OFFICER</p> <p>2. NAME <b>MUSACCHIA, ROBERT</b></p> <p>3. STREET ADDRESS <b>786 CURTISWOOD ROAD</b></p> <p>4. CITY-STATE-ZIP <b>KEY BISCAIYNE FL 33149</b></p>	<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1. TITLE</p> <p>2. NAME <b>799 ALLENDALE Rd</b></p> <p>3. STREET ADDRESS <b>Key Biscayne Fl. 33149</b></p>
<p>1. TITLE <input type="checkbox"/> OFFICER</p> <p>2. NAME <b>MUSACCHIA, EEVA</b></p> <p>3. STREET ADDRESS <b>786 CURTISWOOD ROAD</b></p> <p>4. CITY-STATE-ZIP <b>KEY BISCAIYNE FL 33149</b></p>	<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1. TITLE</p> <p>2. NAME <b>799 ALLENDALE Rd</b></p> <p>3. STREET ADDRESS <b>Key Biscayne Fl. 33149</b></p>
<p>1. TITLE <input type="checkbox"/> DIRECTOR</p> <p>2. NAME</p> <p>3. STREET ADDRESS</p> <p>4. CITY-STATE-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1. TITLE</p> <p>2. NAME</p> <p>3. STREET ADDRESS</p> <p>4. CITY-STATE-ZIP</p>
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<p>1. TITLE <input type="checkbox"/> DIRECTOR</p> <p>2. NAME</p> <p>3. STREET ADDRESS</p> <p>4. CITY-STATE-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1. TITLE</p> <p>2. NAME</p> <p>3. STREET ADDRESS</p> <p>4. CITY-STATE-ZIP</p>

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14. I do hereby certify that the information supplied with this filing is so entirely furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplement annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the register 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 applicable) or on an attachment with an address.

SIGNATURE: **Robert J. Musacchia** 1/17/96 305-365-9482  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Date of Filing)

CR2E034 (12/95)