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: \$780).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P94000084227

LOBSTER & LOBSTER INC.

Principal Place of Business Mailing Address 1103 OLD GRIFFIN ROAD 1103 OLD GRIFFIN ROAD DANIA FL 33004 DANIA FL 33004 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/17/199</u>4 2. Principal Place of Business 4. FEI Number 2a. Malling Address Applied For 26 65-0555654 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zφ 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 25 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SHANE, TIM A ESQ. Name TIM SHANE
Street Address (P.O. Box Number is Not Acceptable)
4800 N. FEDERAL HIGHWAY 2455 E. SUNRISE BLVD. 82 SUITE 905 FORT LAUDERDALE FL 33004 63 SUITE 201B 84 Zip Code 3343 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 objection of, section 607.0505, Florida Statutes. 71*aa198* SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. TITLE MARRY KLINGER DELETE 1.5 TITLE RAMI, MAYRON DIR NAME 4800 N. FEDERAL HWY 1.2 NAME 1103 OLD GRIFFIN RD STREET ADDRESS 1.3 STREET ADDRESS SUITE 201B DANIA FL CITY-ST-ZIP BOCA RATON, FL 1.4 CITY-ST-ZIP

DENT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition VΡ TITLE DELETE 2.1 TITLE Change Addition RAYMOND, CLAUDE **2.2 NAME** 1103 OLD GRIFFIN RD STREET ADDRESS 2.3 STREET ADDRESS DANIA FL CITY-ST-ZIP 2.4 CITY-ST-ZiP TITLE X DELETE 3.1 TITLE Addition LEBREUX, CAROLE NAME 3.2 NAME 1103 OLD GRIFFIN RD STREET ADDRESS 3 3 STREET ADDRESS DANIA FL CITY-ST-ZIF 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition **400002634904** -09/03/38--01036--0**02** NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP \*\*\*300.00 TITLE 5.1 TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 400002634**9**04 TITLE 6.1 TITLE DELETE -09/09/93--01036--**00**4hange \_\_\_\_ Addition NAME €2NAME \*\*\*250.00 STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIF 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 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.

**FILED** 

Sep 04 1998 8:00am

Secretary of State

CR2E034 (5/98)