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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000017838 (0)

information indicated on this annual report or supplemental tam an officer or director of the corporation or the

appears in Block 12 or Block 13 if changed, or

THE BLUE CRAB CORPORATION

| Principal Place of Business | Mailing Address | | |
|--|---|--|--|
| 825 N. RIDGEWOOD DRIVE SEBRING FL 33870 | 825 N. RIDGEWOOD DRIVE SEBRING FL 33870-7218 | | |

FILED Aug 22 1997 8:00am Secretary of State

| 5 1 15 | | | | | | |
|--|--|--|--|--|---|--|
| Principal Plac | | Mailing Address | _ | , | | |
| 825 N. RIDGEWOOD DRIVE SEBRING FL 33870 826 SEBRING FL 33870-7218 | | • | | | | |
| | | | | 3. Date Incorporated or Qualified 03/03/1995 | 3a. Date of Last Report 07/18/1996 | |
| 2. Principal P | lac e of Business | 28. Mailing Address | 0 | 4. FEI Number | Applied For | |
| 21 | | 26 5918, GOLDEN KOAD | | 65-0651965 | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing | | |
| 23 | | 28 SEBRING | FLORIDA | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation has liability for in | . • - | |
| 24 | 25] | 29 33872 | 30 HRHZAND | 10. Name and Address of New Reg | Yes No | |
| | 9. Name and Address of Curren | t Registered Agent | 81 Name | M . 1 // / | istered Agent | |
| | ERS, DAVID | HLAN WARREN | | | | |
| 825 N. RIDGEWOOD DRIVE 82 Street Addit | | | idress (P.O. 80x Number is Not Acceptable) | | | |
| SEBI | RING FL 33870 | 918, GOLDEN KOA | [1.J | | | |
| | | | 83 | | | |
| | | | 84 City C | EBRING | FL 85 Zip Code 3?972 | |
| 44 Discount | to the acquisions of Specials SOF 050 | 2 on COZYEOU Florido Plati | Jac the shows named s | exponential pulmits this statement for the pu | rease of changing its registered | |
| 11. Pursuant office or r | egistered agent, or bolk in the State | of Horiaa. Such change was | authorized by the corpo | orporation submits this statement for the protection's board of directors. I hereby accept | t the appointment as registered | |
| agent. I a | m familiar with, and account the object | dions of, Section 607.0505, F | Iorida Statutas. | - / | 1 60 | |
| SIGNATURE | Signature, typed or printed name of registered age | at and title if another hale (MC | PTE: Registered Agent signature re | ovided when toinstating) | | |
| 12, | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICE | | |
| TITLE | D | DELETE | 1.1 TITLE | ALAN WARREN | Change 🔏 Addition | |
| NAME | SOMERS, DAVID | • | 1.2 NAME | 5918 GOLDEN ROAD | | |
| STREET ADDRESS | 825 N. RIDGEWOOD DRIVE | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | SEBRING FL 33870 | | 1.4 CITY - ST - ZIP | SEBPING FL | 33872 | |
| TITLE | | ☐ DELFTE | 21 TITLE | D | Change 🔀 Addition | |
| NAME | | | 2.2 NAME | WILLIAM PEARSON | | |
| STREET ADDRESS | | | 2 3 STREET ADDRESS | KZT. N. RIDGEWOOD | W. | |
| CITY-ST-ZIP | | | 2. 4 CITY - \$1 - ZIP | SEBEING FL | 33870 | |
| TITLE | | ☐ DELETE | 31 TITLE | | Change Addition | |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3 3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3 4. CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 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 | 51 TITLE | | ☐ Change ☐ Addition | |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | 17 25,5-5 | 5.4 CITY-ST-ZIP | | Dhanna Haddin | |
| TITLE | | ☐ DELETE | 61 TITLE | | Change Addition | |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6 3 STREET ADDRESS | | | |
| CITY-ST-ZIP | and the state of t | 3 | 64 CITY-ST-ZIP | 140 07/01/0 Florida Port and | 1 for with any anguistic title and title an | |
| 14. Ido nerel | by certify that the information supplied | o with this filing <u>doos-not qua</u> | any aor the exemption sta | ited in Section 119.07(3)(i), Florida Statutes | . Fruither certify that the | |

drivial report is true and accurate and that my signature shall have the same legal effect as if made under oath; that our rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name