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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 20 1998 8:00am Secretary of State

1998 P95000043476 (7) DOCUMENT # 1. Corporation Name ISLAND BLUE CRAB, INC. Principal Place of Business Mailing Address 60 S. BANANA RIVER DRIVE 60 S. BANANA RIVER DRIVE MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/31/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address X Applied For 21 59-332437.1 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NGUYEN, VIVAN 70 S. BANANA RIVER DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 MERRITT ISLAND FL 32952 83 84 City 85 Zip Code FL 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 11 TITLE TITLE NGUYEN, VI VAN 12 NAME NAME 70 S. BANANA RIVER DRIVE STREET ADDRESS 1.3 STREET ADDRESS MERRITT ISLAND FL CITY - ST- ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change \_\_\_ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE 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 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS DITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change TITLE 61 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP 6.4 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.

SIGNATURE:

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