FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000069732 (2)

INDIO CRAB, INC.

Principal Place of Business Mailing Address

12954 NORTH DALE MABRY HIGHWAY TAMPA FL 33618

SIGNATURE:

12954 NORTH DALE MABRY HIGHWAY TAMPA FL 33618-2806

FILED Apr 16 1997 8:00am Secretary of State

eis-L64-2895

Daytime Phone #



									3. Date Incorporated or Qualified	
2. Principal FI	ace of Busin	ายรร		2a.	Mailing Address				4. FEI Number Applied For	
21 110	15 N. I	Da1e	Mabry Hwy	26	11015 N. D	ale Ma	abr	v Hwv		
Suite, Apt. #, etc.					Suite, Apt. #, etc.				5. Certificate of Status Desired Security Fee Regulred	
City & State					City & State				6. Election Campaign Financing \$5.00 May Be	
23 Tampa, FL					28 Tampa, FL				Trust Fund Contribution Added to Fees	
Z _I p Country				1	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,	
24 336	33618 25 US			29	29 33618 30			US Florida Statutes Yes No		
9. Name and Address of Current Registered Agent							Ι		10. Name and Address of New Registered Agent	
SCH	WENCKE,	KIM M					81	Name		
1603 N. RUEHLING DRIVE							82 Street Address (P.O. Box Number is Not Acceptable)			
TEMPLE TERRACE FL 33817							11015 N. Dale Mabry Highway			
							83			
ł							L	ļ <u>.</u>		
							84 City			
11 Pursuant t	la the pravis	sions of	Sections 607 0502	and 60	7.1508 Florida Stat	tutes, the a	-T	e-named c	proporation submits this statement for the purpose of changing its registered	
office or n agent. Fai	egistered aç m familiar w	gent, or ith, and	both, in the State of accept the obliga	of Floric tions of	la. Such change wa , Section 607.0505.	s authoriza Florida Sta	ad by atute	y the corpo s.	ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Sometime typer	d or printe	d name of registered agen	and title	if applicable {N	OTE: Register	ed Ag	ent signature re	quired when reinstating) DATE	
12.			OFFICERS AND	DIREC	TORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD				DELETE	1.1	TITLE		XX Change Addition	
NAVe	SCHWEN	ICKE.	KIM			1.21	NAME			
STREET ADDRESS 12954 NORTH DALE MABRY HIGHWAY									11015 N.Dale Mabry Highway	
Crity ST-ZIP	TANDA EL COCAC						1.4 CITY-ST-ZIP T		Tampa, FL 33618	
TITLE	ST				DELETE		TITLE	51 - 117	XX Change Addition	
NAME	TODD, PAULA F.					2.2 N				
		MABRY HWY					TADODESS	11015 N. Dale Mabry Highway		
STREET ADDRESS	TAMPA F		וזווו ווועראוו					Tampa, FL 33618		
C-TY+ST-ZIP TITLE	IMMENT	<u> </u>			DELETE		TITLE	51-ZIP	Change Addition	
i i					C.J OFEETE	1				
NAMí 							NAME			
STREET ADDRESS								T ADDRESS		
Citr-ST-ZIP					DELETE		CITY- TITLE	ST-ZIP	☐ Change ☐ Addition	
THILE					F" DECEIL				ביין בינייולים יין עממניטוי	
NAM (NAME	i		
STHEET ADORESS								1 ADDRESS		
CITY - S1 - ZIP					T 65.655			ST-ZIP	Change Addition	
TITLE					L DELETE		TITLE		Change Addition	
NAME							NAME			
STREET ADORESS						5.3	STREE	T ADDRESS		
CITY-ST ZIF	····-							ST-ZIP		
RUTE					☐ DELETE	6.1	TITLE		Change Addition	
NAME						6.2	NAME			
STREET ADORESS						6.3	STREE	T ADDRESS		
CITY - ST - 20F								ST-ZIP		
14. I do heret informatio I am an o appears i	by certify tha on indicated flicer or dire in Block 12 (at the in on this ector of or Bloc	nformation supplied annual report or si the corporation or k 13 if changed, or	with the supplemental	es fling does not que ental annual report i biver or trustee emp atachment with an a	ralify for the is true and nowered to address.	800 800 6x8	emption sta urate and t cute this re	aled in Section 119.07(3)(i). Florida Statutes. I further certify that the hat my signature shall have the same legal effect as if made under oath; that port as required by Chapter 607, Florida Statutes; and that my name	