

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

FILED
May 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P9600058059
1. Corporation Name
MAINE LOBSTER FEAST, INC.

Principal Place of Business
2455 E. SUNRISE Blvd. #905
FT. LAUDERDALE, Florida 33304

Mailing Address
SAME

2. Principal Place of Business
21 2455 E. SUNRISE Blvd. #905
Suite, Apt. #, etc.
22 905
City & State
23 FT. LAUDERDALE
Zip
24 FL
Country
25 USA
26 2455 E. SUNRISE Blvd. #905
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
6/18/96
3a. Date of Last Report
4. Filing Number
65-0674918
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

9. Name and Address of Current Registered Agent
Tim A. Shane Esq.
2455 E. SUNRISE Blvd. #905
FT. LAUDERDALE, Florida 33304

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Section 607.051, 607.052 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 date if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
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NAME
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CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
Change Addition
600002202486
-06/05/97--01013--021
***165.00
Change Addition
CS
5/22/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 in an attachment with an address.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 5/13/97
Daytime Phone #: 954-561-4551

CR2E034 (9/96)