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

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98 JUN -4 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000030775

1. Corporation Name
GARLIC CRAB EXPRESS INC.

Principal Place of Business
2037 EASTBROOK BLVD
WINTER PARK FL. 32792

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
APRIL 4 1997

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number
59-3437158
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MICHAEL C. PASSAS
2037 EASTBROOK BLVD
WINTER PARK FL. 32792

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

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, type or printed name of person signing (see instructions) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT DIRECTOR	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MICHAEL C PASSAS		12 NAME	000002557630--7
STREET ADDRESS	2037 EASTBROOK BLVD.		13 STREET ADDRESS	-06/12/98--01004--020
CITY-ST-ZIP	WINTER PARK FL 32792		14 CITY-ST-ZIP	****150.00 ****150.00
TITLE	V P - DIRECTOR	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	JOE PULIS		22 NAME	
STREET ADDRESS	1255 FERN FOREST RUN		23 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL. 32765		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

$176/4

CR2E034 (10/97)

14. Thereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, if applicable.

SIGNATURE: MICHAEL C. PASSAS PRESIDENT 6-1-98 407-6785103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #