

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

FILED

Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000066881 (8)

1. Corporation Name

THE CRAB TRAP, INC.

*BADS OF BREVARO, INC.*

Principal Place of Business

25 W NEW HAVEN AVE STE E  
MELBOURNE FL 32902-0897

Mailing Address

P O BOX 897  
MELBOURNE FL 32902-0897



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6765 LOS PAMOS DR		26 6765 LOS PAMOS DR.		07/31/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEE Number	
23 GRANT FL		28 GRANT FL		Applied For	
24 32949		29 32949		5. Certificate of Status Desired	
25 USA		30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LAGANO, ALBERT S 25 W NEW HAVEN AVE STE E MELBOURNE FL 32902-0897				81 Name Randal C Anderson	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City GRANT	
				85 Zip Code 32949	

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 *Randal C Anderson* DATE 4/8/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
STREET ADDRESS	STREET ADDRESS	13 STREET ADDRESS	14 CITY-ST-ZIP
CITY-ST-ZIP	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

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 *Randal C Anderson* DATE 4/10/98 407 951 0374