

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90230 037 ***150.00

0171031

DOCUMENT # P97000080440

1. Corporation Name

SCOTIA LOBSTER INC.

Principal Place of Business

1105 OLD GRIFFIN ROAD
DANIA FL 33004

Mailing Address

1105 OLD GRIFFIN ROAD
DANIA FL 33004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1997

4. FEI Number

65-0781155

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 1103 old GRIFFIN ROAD

2a. Mailing Address

26 1103 old GRIFFIN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DANIA FLORIDA

City & State

28 DANIA FLORIDA

Zip

24 33004

Country

25 BROWARD

Zip

29 33004

Country

30 BROWARD

9. Name and Address of Current Registered Agent

DALLAIRE, JEAN PIERRE
1105 OLD GRIFFIN ROAD
DANIA FL 33004

10. Name and Address of New Registered Agent

81 Name

Fernand Lamothe

82 Street Address (P.O. Box Number is Not Acceptable)

721 S.E. 17th Street suite 200

83

Fort Lauderdale

84 City

FL

85 Zip Code

33316

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-08-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE
NAME DALLAIRE, JEAN-PIERRE
STREET ADDRESS 3021 SW 54TH STREET
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE DST ☐ DELETE
NAME LEBREUX, CAROLE
STREET ADDRESS 1105 OLD GRIFFIN ROAD
CITY-ST-ZIP DANIA FL 33004

TITLE VP ☒ DELETE
NAME KAMERON, JOSH
STREET ADDRESS 1105 OLD BREEN RD
CITY-ST-ZIP DANIA FL 33004

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME b st
2.3 STREET ADDRESS LEBREUX CAROLE
2.4 CITY-ST-ZIP 1103 old GRIFFIN ROAD
DANIA, FL. 33004

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME President
4.3 STREET ADDRESS Legresly, Claude Raymond
4.4 CITY-ST-ZIP 1103 Old Griffin Road
Dania, Florida 33004

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-99 954- 925-8888

Date

Daytime Phone #

CR2E034 (11/98)