

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S61229 (8)

1. Corporation Name
THE CRAZY CONCH, INC.

Principal Place of Business

Mailing Address

2945 APPALOOSA BLVD.
MELBOURNE FL 32934

2945 APPALOOSA BLVD.
MELBOURNE FL 32934



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1991

4. FEI Number

65-0349353

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, ROBERT K. REINMAN, MATHESON, KASTRO
2975 OVERSEAS HWY. + VAUGHAN, P.A.
MARATHON FL 33050-0938

VICTOR KOSTRO
1825 RIVERVIEW DRIVE
MELBOURNE, FLA 32901

81 Name REINMAN, MATHESON, KOSTRO + VAUGHAN, P.A.

82 Street Address VICTOR KOSTRO

83 P.O. Box Number is Not Acceptable

1825 RIVERVIEW DRIVE

84 City MELBOURNE

FL

85 Zip Code 32901

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

Victor S. Kostro

Victor S. Kostro

04-14-98

Signature typed or printed name of registered agent and filed as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME WILLIAMS, ANN
STREET ADDRESS 2945 APPALOOSA BLVD.
CITY-ST-ZIP MELBOURNE FL 32934

TITLE DV
NAME WILLIAMS, LEE
STREET ADDRESS 2945 APPALOOSA BLVD.
CITY-ST-ZIP MELBOURNE FL 32934

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
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.

SIGNATURE

Victor S. Kostro

4/19/98

407

CP2E034 (10/97)