

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra R. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V43531**

(5)

1. Corporation Name

THE CRAB STOP, INC.



Principal Place of Business

**2037 EASTBROOK BLVD.
WINTER PARK FL 32792
US**

Mailing Address

**2037 EASTBROOK BLVD.
WINTER PARK FL 32792
US**

2. Principal Place of Business

21 **1111 SR 436**

State, Apt. #, etc.

22

City & State

23 **Casselberry FL**

Zip

24 **32707**

Country

25 **USA**

2a. Mailing Address

26 **1111 SR 436**

State, Apt. #, etc.

27

City & State

28 **Casselberry FL**

Zip

29 **32707**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**PASSAS, MICHAEL C
2037 EASTBROOK BLVD
WINTER PARK FL 32792**

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 607.02 and 607.1504, 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 duties of a registered agent, Florida Statutes.

SIGNATURE

Michael C. Passas

3/28/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	PASSAS, MICHAEL C	
STREET ADDRESS	2037 EASTBROOK BLVD.	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VP	☐ DELETE
NAME	FLEMING, GEORGIA P.	
STREET ADDRESS	322 BRIDLE PATH	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	VP	☐ DELETE
NAME	FLEMING, DONALD	
STREET ADDRESS	332 BRIDLE PATH	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	VP	☐ DELETE
NAME	PASSAS, MARY J.	
STREET ADDRESS	2037 EASTBROOK BLVD.	
CITY-ST-ZIP	WINTER PARK FL	
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. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information included in 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; the registered or trustee or member to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE:

Michael C. Passas 3/28/96

407-332-5773
Digital Form B

CR2E034 (12/95)