

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J76008** (8)

1. Corporation Name

FLICKERLITE BAR & PIZZA RESTAURANT, INC.



Principal Place of Business

Mailing Address

C/O JOAN F. CAPONE
4100 N 35 AVENUE
HOLLYWOOD FL 33021

C/O JOAN F. CAPONE
4100 N 35 AVENUE
HOLLYWOOD FL 33021

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

3. Date Incorporated or Qualified

06/01/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2841512

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

CAPONE, JOAN F.
4100 N 35 AVENUE
HOLLYWOOD FL 33021-8914

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 of President or Director (Typed or Printed Name and Title)

Signature of Registered Agent (Typed or Printed Name and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PD
CAPONE, KARIN
1014 N. OCEAN DR
HOLLYWOOD FL
 DELETE

VD
CAPONE, RICHARD
1014 N. OCEAN DR
HOLLYWOOD FL
 DELETE

TD
CAPONE, JOAN F.
4100 N. 35TH AVENUE
HOLLYWOOD FL
 DELETE

VP
VIVACUE, PATRICIA J.
1014 N OCEAN DR
HOLLYWOOD FL
 DELETE

SD
CAPONE, JOHN
1014 N OCEAN DR
HOLLYWOOD FL
 DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

11 TITLE NAME STREET ADDRESS CITY-STATE-ZIP
 Change Addition

21 TITLE NAME STREET ADDRESS CITY-STATE-ZIP
 Change Addition

31 TITLE NAME STREET ADDRESS CITY-STATE-ZIP
 Change Addition

41 TITLE NAME STREET ADDRESS CITY-STATE-ZIP
 Change Addition

51 TITLE NAME STREET ADDRESS CITY-STATE-ZIP
 Change Addition

61 TITLE NAME STREET ADDRESS CITY-STATE-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)(k), 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 or person 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan F. Capone
JOAN F. CAPONE

3-16-96

DATE

DATE PLACED

CR2E034 (12/95)