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Mar 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J76008 (8)

1. Corporation Name  
FLICKERLITE BAR & PIZZA RESTAURANT, INC.



Principal Place of Business:

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

Mailing Address:

C/O JOAN F. CAPONE  
4100 N 35 AVENUE  
HOLLYWOOD FL 33021-1914

3. Date Incorporated or Qualified 06/01/1987	3a. Date of Last Report 03/21/1996
4. FEI Number 59-2841512	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business:

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address:

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

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 the filer or filer's authorized representative (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPONE, KARIN	12 NAME	
STREET ADDRESS	1014 N. OCEAN DR	13 STREET ADDRESS	
CITY, ST, ZIP	HOLLYWOOD FL	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPONE, RICHARD	22 NAME	
STREET ADDRESS	1014 N. OCEAN DR	23 STREET ADDRESS	
CITY, ST, ZIP	HOLLYWOOD FL	24 CITY - ST - ZIP	
TITLE	TD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPONE, JOAN F.	32 NAME	
STREET ADDRESS	4100 N. 35TH AVENUE	33 STREET ADDRESS	
CITY, ST, ZIP	HOLLYWOOD FL	34 CITY - ST - ZIP	
TITLE	VP	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVACUE, PATRICIA J.	42 NAME	
STREET ADDRESS	1014 N OCEAN DR	43 STREET ADDRESS	
CITY, ST, ZIP	HOLLYWOOD FL	44 CITY - ST - ZIP	
TITLE	SD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPONE, JOHN	52 NAME	
STREET ADDRESS	1014 N OCEAN DR	53 STREET ADDRESS	
CITY, ST, ZIP	HOLLYWOOD FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY - ST - ZIP	

14. I do 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 included 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 either page provided an address.

SIGNATURE: *Joan Capone*  
SIGNATURE AND TYPE D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-97  
Date Day(s): Phone #

CR2E034 (9/96)