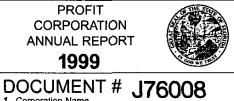
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name



FLICKERLITE BAR & PIZZA RESTAURANT, INC.

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90059 031 \*\*\*150.00

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				DO NOT WRITE IN THIS	S SPACE
					3. Date Incorporated or Qualifed 06/01/1987	
Principal Place of Business     The Principal Place of Business	2a. Mailing Address				4. FEI Number 59-2841512	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			<b></b>	5. Certificate of Status Desired 🕟 🗀 🗀	\$8.75 Additional Fee Required
City & State	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip 29 3	Countr 30	y		This corporation owes the current year In Personal Property Tax.	tangible K∏Yes ☐No
9. Name and Address of Curren			-		<ol><li>Name and Address of New Registered</li></ol>	Agent
CADONE HOAN E		8.	Name	е		
CAPONE, JOAN F. 4100 N 35 AVENUE	82	Stree	et Address	(P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33021-8914		8:	3			
Park Art - F		84	City		Fl	85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga</li> </ol>	of Florida. Such change was aut	thorized by	the corp	d corpora poration's	tion submits this statement for the purpose o board of directors. I hereby accept the appo	f changing its registered intment as registered
SIGNATURE						

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: R	nainteend Apont pigneture to	required when reinstating) DATE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	PD DELETE	1.1 TITLE	Change Addition					
NAME	CAPONE, KARIN	1.2 NAME						
STREET ADDRESS	1014 N. OCEAN DR	1.3 STREET ADDRESS	S					
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP						
ΠLE	VD □ DELETE	2.1 TITLE	☐ Change ☐ Addition					
NAME	CAPONE, RICHARD	2.2 NAME						
STREET ADDRESS	1014 N. OCEAN DR	2.3 STREET ADDRESS	S					
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP						
TITLE	TD DELETE	3.1 TITLE	Change Addition					
NAME	CAPONE, JOAN F.	3.2 NAME	•					
STREET ADDRESS	4100 N. 35TH AVENUE	3.3 STREET ADDRESS	s					
CITY-ST-ZIP	HOLLYWOOD FL	3.4. CITY-ST-ZIP						
TITLE	VP □ DELETE	4.1 TITLE	Change Addition					
NAME	VIVACUE, PATRICIA J.	4. 2 NAME						
STREET ADDRESS	1014 N OCEAN DR	4.3 STREET ADDRESS	s					
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP						
TITLE	SD □ DELETE	5.1 TITLE	☐ Change ☐ Addition					
NAME	CAPONE, JOHN	5.2 NAME						
STREET ADORESS	1014 N OCEAN DR	5.3 STREET ADDRESS	s					
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition					
NAME 👯	The Assemble of the	6.2 NAME						
STREET ADDRESS	the second of th	6.3 STREET ADDRESS	S					
CITY-ST-ZIP		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.

ACADEREQUIREJOAN F. Capone

04/05/99 Date

After 2 P.M. 954 961-3079

Daytime Phone #