

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # J76008

1. Entity 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



03192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2841512	Applied For Not Applicabl
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CAPONE, KARIN 1014 N. OCEAN DR HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CAPONE, RICHARD 1014 N. OCEAN DR HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CAPONE, JOAN F. 4100 N. 35TH AVENUE HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VIVACUE, PATRICIA J. 1014 N OCEAN DR HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CAPONE, JOHN 1014 N OCEAN DR HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000137568
 04/29/04-80046-003 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joan Capone*

Joan F. Capone
 Treasurer

April 24, 2004

After 2 P.M.
 (954)961-3079