5-11-98 B-6997 C 1: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P97000083367 (7) **DOCUMENT** #

CAPRI INN RESTAURANT, INC.

FILED May 11 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2710-3 BLANDING BLVD 2710-3 BLANDING BLVD. MIDDLEBURG FL \$2068 MIDDLEBURG FL 32068 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/23/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. □ No Name and Address of New Registered Agent Name and Address of Current Registered Agent LAW: MALGOLM B **2000 EVERETT AVENUE** 82 MIDDLEBURG FL 32008 83 84 Zip Code 85 Middleburg 82068 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. I am familiar apply the official sections of Section 607,0505, Florida Statutes. SIGNATURE Octobridand title if applicable (NOTE: Registered Agon) signature required when reinstating) CERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETÉ Change TITLE 1.1 TRUE HAW: MALCOLM B --CAROLINA CACCIODOSII 2710-3 Blandius Bud. NAME 1.2 NAME 3906 EVERETT AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIDDLEBURG PL 32068 Middleburg, F1, 82068 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 DILE TITLE PRODID. -LAW: JEAN C 2.2 NAME NAME Silvuicio CACCIOPPOLI 9086 EVERETT AVENUE STREET ADDRESS 2.3 STREET ADDRESS Middlewer, Fr. 3008 MIDDLEBURG-FL-32008 CITY-ST-ZIP 2.4 CITY-S1-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change 4.1.1ITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - \$1 - ZIP 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 changing or on an attachment with an address.