

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J76008

**Entity Name:** FLICKERLITE BAR & PIZZA RESTAURANT, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 59-2841512

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name CAPONE, KARIN  
Address 1014 N. OCEAN DR  
City-State-Zip: HOLLYWOOD FL 33021

Title VD  
Name CAPONE, RICHARD  
Address 1014 N. OCEAN DR  
City-State-Zip: HOLLYWOOD FL 33021

Title D  
Name CAPONE, JOAN F  
Address 4100 N. 35TH AVENUE  
City-State-Zip: HOLLYWOOD FL 33021

Title VPD  
Name NETTINA, PATRICIA J  
Address 1014 N OCEAN DR  
City-State-Zip: HOLLYWOOD FL 33021

Title SD  
Name CAPONE, JOHN  
Address 1014 N OCEAN DR  
City-State-Zip: HOLLYWOOD FL 33021

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KARIN CAPONE

**PRESIDENT**

**03/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date