

**FILE NOW: SEND REPORTS MAY 15, 1996**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K82343 (0)**  
1. Corporation Name  
**CAPRI SERVICES, INC.**



Principal Place of Business: 1332 MALABAR RD SE, 260 RITTER AVE. NE, PALM BAY FL 32907 US  
Mailing Address: 1332 MALABAR RD SE, 260 RITTER AVE. NE, PALM BAY FL 32907 US

3. Date Incorporated or Qualified: **04/21/1989**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21 **2651 W. NEW HAVEN AVE**, 22 **Melbourne, FL**, 23 **32904**, 24 **U.S.**  
2a. Mailing Address: 26 **SAME**, 27 **Melbourne, FL**, 28 **32904**, 29 **U.S.**

4. FEI Number: **59-2964510**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **THOMAS A. CAPRITTA, 921 MANDARIN DR. NE, PALM BAY FL 32905**

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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: \_\_\_\_\_ (Typed or printed name of registered agent is all that is applicable) (Typed or printed name of registered agent is all that is applicable) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CAPRITTA, THOMAS ANGELO</b>	
STREET ADDRESS	<b>1332 MALABAR RD SE</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CAPRITTA, MICHELE MARIE</b>	
STREET ADDRESS	<b>1332 MALABAR RD SE</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1 1 TITLE	<b>Same</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 2 NAME	<b>Same</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 3 STREET ADDRESS	<b>2651 W. New Haven Ave</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 4 CITY-ST-ZIP	<b>Melbourne, FL 32904</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 1 TITLE	<b>Same</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 2 NAME	<b>Same</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 3 STREET ADDRESS	<b>2651 W New Haven Ave</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 4 CITY-ST-ZIP	<b>Melbourne, FL 32904</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3 2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
3 3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
3 4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4 1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4 2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
4 3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
4 4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5 1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5 2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
5 3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
5 4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6 1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6 2 NAME		<input type="checkbox"/>	<input type="checkbox"/>
6 3 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
6 4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Michele Capritta 4/28/96 407-984-8301  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dist. Phone #

CR2E034 (12/95)