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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business: **2651 W NEW HAVEN AVE MELBOURNE FL 32904 US**
Mailing Address: ~~**1332 MALABAR DR SE 260 RITTER AVE. NE PALM BAY FL 32907-2237 US**~~

3. Date Incorporated or Qualified: **04/21/1989** 3a. Date of Last Report: **05/01/1986**
4. FEI Number: **59-2984510** Applied For: Not Applicable
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26 **SAME AS PRINCIPAL PLACE**
27, 28, 29, 30

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: **FL** 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	CAPRITTA, THOMAS ANGELO
STREET ADDRESS	2651 W NEW HAVEN AVE
CITY - ST - ZIP	MELBOURNE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CAPRITTA, MICHELE MARIE
STREET ADDRESS	2651 W NEW HAVEN AVE
CITY - ST - ZIP	MELBOURNE FL
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

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAPRITTA, THOMAS ANGELO
1.3 STREET ADDRESS	2651 W. NEW HAVEN AVE
1.4 CITY - ST - ZIP	W. MELBOURNE, FL 32904
2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CAPRITTA, MICHELE MARIE
2.3 STREET ADDRESS	2651 W. NEW HAVEN AVE
2.4 CITY - ST - ZIP	W. MELBOURNE, FL 32904
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500002174175
6.3 STREET ADDRESS	-05/12/97--01001--032
6.4 CITY - ST - ZIP	***165.00

14. I do 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.

SIGNATURE: Michele Capritta Michele Capritta 407-984-1301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0101813

CR2E034 (9/96)