

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # M84358 (4)

1. Corporation Name
CAPAPIE'S, INC.



Principal Place of Business: 13330 EMERALD COAST PKWY, DESTIN FL 32541 US
Mailing Address: 13330 EMERALD COAST PKWY, DESTIN FL 32541 US

3. Date Incorporated or Qualified: 06/08/1988
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 13330 W. EMERALD COAST PKWY, DESTIN, FL 32541
2a. Mailing Address: 26 13330 W. EMERALD COAST PKWY, DESTIN, FL 32541
22. Suite, Apt. #, etc.:
23. City & State: DESTIN, FL
24. Zip: 32541
25. Country: US
27. Suite, Apt. #, etc.:
28. City & State: DESTIN, FL
29. Zip: 32541
30. Country: US
4. FEI Number: 59-2892116
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: WARRICK, GAYLE M., 785 BLUE MTN BCH DR, SANTA ROSA BEACH FL 32459
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: [Signature] (DATE: [Date])

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D [] DELETE	11 TITLE	[] Change [] Addition
NAME	WARRICK, GAYLE M.	12 NAME	
STREET ADDRESS	785 BLUE MTN BCH DR	13 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL	14 CITY-ST-ZIP	
TITLE	D [] DELETE	21 TITLE	[] Change [] Addition
NAME	SUMRALL, KELLEY P	22 NAME	
STREET ADDRESS	341 SKYLER RUN	23 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	24 CITY-ST-ZIP	
TITLE	D [] DELETE	31 TITLE	[] Change [] Addition
NAME	COOK, LYNN P	32 NAME	
STREET ADDRESS	3113 COBBLESTONE DR	33 STREET ADDRESS	
CITY-ST-ZIP	PACE FL	34 CITY-ST-ZIP	
TITLE	[] DELETE	41 TITLE	[] Change [] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[] DELETE	51 TITLE	[] Change [] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[] DELETE	61 TITLE	[] Change [] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: [Signature] (DATE: 6/10/94) (BY: 904-654-9336)

CR2E034 (3/96)