

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P37230** (0)

1. Corporation Name
CAPRI TAMPA, INC.



Principal Place of Business: P.O. BOX 1700 HELENA MT 59624
 Mailing Address: P.O. BOX 1700 HELENA MT 59624

3. Date Incorporated or Qualified: **01/24/1992**
 3a. Date of Last Report: **04/13/1995**
 4. FEI Number: **74-2619460**
 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 (21-24) and Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE FL 32301
 10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	O'CONNELL, JAMES	
STREET ADDRESS	516 FULLER AVENUE	
CITY-ST-ZIP	HELENA MT 59624	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'CONNELL, JIM	
STREET ADDRESS	516 FULLER AVENUE	
CITY-ST-ZIP	HELENA MT 59624	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GRUBER, DAN	
STREET ADDRESS	516 FULLER AVENUE	
CITY-ST-ZIP	HELENA MT 59624	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DAVIS, KIMMY	
STREET ADDRESS	516 FULLER	
CITY-ST-ZIP	HELENA MT 59624	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" 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 checked="" type="checkbox"/> Addition
5.2 NAME	Director John Kline
5.3 STREET ADDRESS	516 Fuller Ave.
5.4 CITY-ST-ZIP	Helena MT
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Director David Bruck
6.3 STREET ADDRESS	516 Fuller Ave.
6.4 CITY-ST-ZIP	Helena, MT 59624

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 on an attachment with an address.

SIGNATURE: _____ DATE: 4/15/96

CR2E034 (12/95)