

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 14 1997 8:00am
Secretary of State

DOCUMENT # P37230 (0)

1. Corporation Name

CAPRI TAMPA, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1700
HELENA MT 59624P.O. BOX 1700
HELENA MT 59624-1700

3. Date Incorporated or Qualified

01/24/1992

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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4. FEI Number

74-2619460

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETENAME O'CONNELL, JAMES
STREET ADDRESS 516 FULLER AVENUE
CITY-ST-ZIP HELENA MT1.1 TITLE ☐ Change ☒ AdditionTITLE PD ☐ DELETENAME O'CONNELL, JIM
STREET ADDRESS 516 FULLER AVENUE
CITY-ST-ZIP HELENA MT1.2 NAME ☐ Change ☒ AdditionTITLE VD ☐ DELETENAME GRUBER, DAN
STREET ADDRESS 516 FULLER AVENUE
CITY-ST-ZIP HELENA MT1.3 STREET ADDRESS ☐ Change ☒ AdditionTITLE ST ☐ DELETENAME DAVIS, KIMMY
STREET ADDRESS 516 FULLER
CITY-ST-ZIP HELENA MT

1.4 CITY-ST-ZIP 59601

TITLE D ☐ DELETENAME KLINE, JOHN
STREET ADDRESS 516 FULLER AVE
CITY-ST-ZIP HELENA MT2.1 TITLE ☐ Change ☒ AdditionTITLE D ☐ DELETENAME BRUCK, DAVID
STREET ADDRESS 516 FULLER AVE
CITY-ST-ZIP HELENA MT2.2 NAME ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)