

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000014378 (3)

1. Corporation Name
CAPE PIZZA CORP.



Principal Place of Business
2301 DEL PRADO BLVD.
CAPE CORAL FL 33990
US

Mailing Address
224 S.W. 37TH LANE
CAPE CORAL FL 33990
US

3. Date Incorporated or Qualified 12/21/1992	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0396602	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

DITOMASO, GREGORY
224 S.W. 37TH LANE
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

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 the corporation

(NOTE: Registered Agent's signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	224 SW 37TH LN. CAPE CORAL FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	VP	2.1 TITLE	2.2 NAME
TITLE	DITOMASO, WILLIAM	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
STREET ADDRESS	1448 SE 14TH TERR. CAPE CORAL FL	3.1 TITLE	3.2 NAME
CITY-ST-ZIP	T	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	DITOMASO, EUGENE	4.1 TITLE	4.2 NAME
STREET ADDRESS	2177 KINGS LAKE BLVD. NAPLES FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP	S	5.1 TITLE	5.2 NAME
TITLE	DITOMASO, ROSE	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	2177 KINGS LAKE BLVD. NAPLES FL	6.1 TITLE	6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
TITLE			
NAME			
STREET ADDRESS			
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rose Di Tomasso
Rose Di Tomasso, Secretary

X Sec.

(941) 772-2775

CR2E034 (12/95)