FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000065188 (3)

1. Corporate Name
CAPONE & COMPANY, INC.

Principal Place of Business
SURF & TURF
1316 UNIVERSITY DRIVE
CORAL SPRINGS FL 33071
US

Mailing Address
12340 N.W. 2ND ST.
CORAL SPRINGS FL 33071
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/20/1993
3a. Date of Last Report: 08/09/1994
4. FEI Number: 65-0441384 — 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. [X] Yes [ ] No

2. Principal Place of Business / 2a. Mailing Address
21 / 26 Suite, Apt. #, etc.
22 / 27 Suite, Apt. #, etc.
23 / 28 City & State
24 Zip / 25 Country / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HANDIN, GARY I
4597 N UNIVERSITY DR
LAUDERHILL FL 33351

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAPONE, THOMAS
STREET ADDRESS	12340 N.W. 2ND ST.
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	D
NAME	CAPONE, DEBORA G
STREET ADDRESS	12340 N.W. 2ND ST.
CITY-ST-ZIP	CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[ ] Change [ ] Addition

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)(n), 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: Thomas Capone Thomas Capone (Pres) 4/28/95 305-341-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0113681 CP