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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary N State
DIVISION OF CORPORATIONS

DOCUMENT # P96000076750 (4)

CAPUTO ENTERPRISES, INC.

| Principal Place of Business Mailing Address | | | | | i i danigan (16 i latia Britt danis #8(1) dbitt Abrit 18414 Britt i ang gritt i ant gritt ans 1841 | | | | | |
|---|---|--|--|------------------------------|---|--|---------------|-------------|--------------------------|--|
| 825 MARCO DRIVE ST. PETERSBURG | | P.O. BOX 23221 St. Petersburg Fl 33 | P.O. BOX 23221 ST. PETERSBURG FL 33742-3221 | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 09/16/1996 | 3a. Da | ate of Las | t Report | |
| 2. Principal Place | e of Business | 2a. Mailing Address | | | ······································ | 4 FFI Number |) | | Applied For | |
| 21 | · · · · · · · · · · · · · · · · · · · | 26 | | | | 59-3410098 | | | Not Applicable | |
| Suite, Apt #, 6 | elc | h1 | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | · · | 5 Additional Required | |
| City & State | | City & State | City & State | | | 6. Election Campaign Financing | | |)0 May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | | | ed to Fees | |
| Zip | Country | Zip | Country | ý | | 8. This corporation has liability for i | | | r s. 199.032, | |
| 24 | 25 9. Name and Address of Cu | rent Registered Agent | 30 | | | Florida Statutes 10. Name and Address of New Re | | No | | |
| | O, ELISEO | Trent ricgistored Agent | 81 | T | Name | 10, Hallio Bilo Realton of How Ho | giotoi ou | Agoill | | |
| 825 MA | | 02 | - | Chant Adde | Annual Company of the Annual Company of the Annual Company of the | io) | | | | |
| | TERSBURG FL 33702 | | 82 | | Street Addre | ess (P.O. Box Number is Not Acceptab | iej | | | |
| | | | 83 | T | | | _ | | | |
| | | | 84 | + | City | | FL | 85 Z | ip Code | |
| 11 Pursuant to t | he provisions of Sections 607 | 0502 and 607 1508 Florida Stat | utes the abov | <u></u> | named corny | pration submits this statement for the p | Urnose n | f changin | a its registered | |
| office or reg | stered agent or both, in the S | rate of Florida Such change was | s authorized by | y t | the corporation | on's board of directors. I hereby accep | t the app | ointment | as registered | |
| | a line yati and accept in U | organoris or pection contact, | S | ٠. | | | | 2 | 15/97 | |
| SIGNATURE. | nature, types or punted name of registers | d agentand title if applicable (N | OTE: Registered Ag | ent | t signature require | d when reinstating) | DATE | | | |
| 12. | OFFICERS | AND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS AND | | | |
| TITLE | PRES | ☐ DELETE | 11 TITLE | | | | | L Chang | ge [Addition | |
| NAME 2 | ELISEO CAPI BAS MARCO DI | 410 2 15 | 1.2 NAME | | | | | | | |
| | 825 MARCO DI | こって ススクロス | 1.3 \$7REE | | | | | | | |
| CHY-SI-ZIP | J. Pererson | GFC 33702 | | 1.4 CITY-ST-ZIP 2.1 TITLE | | | | Chang | ge Addition | |
| NAME E | LIA CAPUTA | ال مادواد | 2.1 IFILE 2.2 NAME | | | | | L Criang | Jo C Addition | |
| | & JOAH COL | ut | 2.3 STREET | | ADDRESS | | | | | |
| | ELMONT, NI | 1 11003 | 2. 4 CITY- | | ŀ | | | | | |
| TITLE | <u> </u> | ☐ DELETE | 3.1 TITLE | | | 30 | ****** | Chang | ge Addition | |
| NAME | | | 3.2 NAME | | | | | | | |
| STHEET ADDRESS | | | 3.3 STREE | TΑ | ADDRESS | | | | | |
| CITY-ST-ZiP | | | 3.4. CITY- | ST | r-zip | | | | | |
| TITLE | | DELETE | 4.1 TITLE | | | | | [Chang | ge Addition | |
| NAME | | | 4. 2 NAME | | | · | | | | |
| STREET ADDRESS | | | 4.3 STREE | | | | | | | |
| CHY-S1-70° | | DELETE | 4.4 CITY - 5.1 TITLE | ST- | - ZIP | | | Chang | ge Addition | |
| NAME | | La Delete | 5.2 NAME | | | | | | ye recultion | |
| STREET ADDRESS | | | 5.3 STREE | | ADDRESS | | | | | |
| City - St - 7IP | | | 5.4 City- | | | | | | | |
| TIPLE | | DELETE | 6.1 TITLE | -1 | | | | Chang | ge Addition | |
| NAME | | | 62 NAME | | | | | | | |
| STREET ADDRESS | | | 6.3 STREE | T A | ADDRESS | | | | | |
| CITY-ST-7/P | | | 6.4 CITY- | | | | | | | |
| information i | ndicated on this annual tenori | or supplemental annual report is | s true and acc | 116 | rate and that | in Section 119.07(3)(i), Florida Statute my signature shall have the same legs | il effect a | s if made | under oath: that | |
| Lam an office | er or director of the corporation | on or the receiver or trustee empo | owered to exec | cu | ite this report | as required by/Chapter 607, Florida S | tatutes, a | ind that m | ny name | |