

5-11-98 B-6997c
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000083367 (7)
 1. Corporation Name
CAPRI INN RESTAURANT, INC.



Principal Place of Business: **2710-3 BLANDING BLVD. MIDDLEBURG FL 32068**
 Mailing Address: **2710-3 BLANDING BLVD. MIDDLEBURG FL 32068**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/23/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 000-59-3468797	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAW, MALCOLM B 3006 EVERETT AVENUE MIDDLEBURG FL 32068				10. Name and Address of New Registered Agent			
				81	Name Caroline Caccioppali		
				82	Street Address (P.O. Box Number is Not Acceptable) 2710-3 Blanding Blvd.		
				83			
				84	City Middleburg	85	Zip Code 32068

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V. Pres / D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAW, MALCOLM B	1.2 NAME	CAROLINE CACCIOPPALI
STREET ADDRESS	3006 EVERETT AVENUE	1.3 STREET ADDRESS	2710-3 Blanding Blvd.
CITY-ST-ZIP	MIDDLEBURG FL 32068	1.4 CITY-ST-ZIP	Middleburg, FL 32068
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Pres / D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAW, JEAN C	2.2 NAME	SILVIO CACCIOPPALI
STREET ADDRESS	3006 EVERETT AVENUE	2.3 STREET ADDRESS	2710-3 Blanding Blvd.
CITY-ST-ZIP	MIDDLEBURG FL 32068	2.4 CITY-ST-ZIP	Middleburg, FL 32068
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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]

CR2E034 (10/97)