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FILED

Feb 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V24744

(7)

1. Corporation Name  
CAPRI RIVIERA BEACH, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1700  
HELENA MT 59624

P.O. BOX 1700  
HELENA MT 59624-1700

3. Date Incorporated or Qualified  
03/30/1992

3a. Date of Last Report  
04/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

81-0476517

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. 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  DELETE  
NAME O'CONNELL, JAMES  
STREET ADDRESS 516 FULLER AVENUE  
CITY-ST-ZIP HELENA MT

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 59601

TITLE PD  DELETE  
NAME O'CONNELL, JIM  
STREET ADDRESS 516 FULLER AVENUE  
CITY-ST-ZIP HELENA MT

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 59601

TITLE VD  DELETE  
NAME GRUBER, DAN  
STREET ADDRESS 516 FULLER AVENUE  
CITY-ST-ZIP HELENA MT

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 59601

TITLE ST  DELETE  
NAME DAVIS, KIMMY  
STREET ADDRESS 516 FULLER AVENUE  
CITY-ST-ZIP HELENA MT

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 59601

TITLE D  DELETE  
NAME KLINE, JOHN  
STREET ADDRESS 516 FULLER AVE  
CITY-ST-ZIP HELENA MT

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME KLINE, JOHN  
STREET ADDRESS 516 FULLER AVE  
CITY-ST-ZIP HELENA MT

6.1 TITLE  Change  Addition  
6.2 NAME D BRUCK, DAVID  
6.3 STREET ADDRESS 516 FULLER AVE.  
6.4 CITY-ST-ZIP HELENA, MT 59601

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:

*John Kline*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97  
Date

Daytime Phone #

CR2E034 (9/96)