

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000008168 (2)
 1. Corporation Name
GIGI'S TAVERN, INC.



Principal Place of Business 185 N.W. SPANISH RIVER BLVD. SUITE 110 BOCA RATON FL 33431-4230	Mailing Address 185 N.W. SPANISH RIVER BLVD. SUITE 110 BOCA RATON FL 33431-4228
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2. Principal Place of Business 21 433 Plaza Real Suite, Apt. #, etc. 22 ste 275 City & State 23 Boca Raton, FL Zip 24 33432	2a. Mailing Address 26 433 Plaza Real Suite, Apt. #, etc. 27 ste 275 City & State 28 Boca Raton, FL Zip 29 33432	Country 25 USA Country 30 USA
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3. Date Incorporated or Qualified 01/25/1996	3a. Date of Last Report
4. FEI Number 66-0634371	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	

9. Name and Address of Current Registered Agent
VOZZO, H. LARRY
185 N.W. SPANISH RIVER BLVD.
SUITE 110
BOCA RATON FL 33431-4230

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/T
NAME	BLASLAND, WARREN V JR.	1.2 NAME	warren V. Blasland, Jr
STREET ADDRESS	185 N.W. SPANISH RIVER BLVD., STE. 110	1.3 STREET ADDRESS	185 N.W. Spanish River Blvd
CITY-ST-ZIP	BOCA RATON FL 33431-4230	1.4 CITY-ST-ZIP	Boca Raton, FL 33431-4230
TITLE		2.1 TITLE	S
NAME		2.2 NAME	Larry Vozzo
STREET ADDRESS		2.3 STREET ADDRESS	185 Nw Spanish River Blvd
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton, FL 33431-4220
TITLE		3.1 TITLE	P/D
NAME		3.2 NAME	Karl Alterman
STREET ADDRESS		3.3 STREET ADDRESS	433 Plaza Real ste 275
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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NAME		4.2 NAME	
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CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: _____ DATE: **5/20/97**

CR2E034 (9/96)