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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 754981 (9)

1. Corporation Name
ZIEGFELD GIRLS OF FLORIDA, INC.



Principal Place of Business Mailing Address
% C. RICHARD SHAMEL, JR., ESO.
212 N. FEDERAL HWY.
DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified 11/04/1980
3a. Date of Last Report 08/05/1996

2. Principal Place of Business 2a. Mailing Address
21 ZIEGFELD GIRLS, FL INC 26 SOME
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-2051259
Applied For Not Applicable

22 685 E. HILLSBORO BLVD 27
City & State City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 DEERFIELD BEACH 28
City & State City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33441 25 U.S.A. 29
Zip Country Zip 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

SHAMEL, C RICHARD, JR
212 NORTH FEDERAL HWY
DEERFIELD BEACH FL 33441

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *C. Shamel* (NOTE: Registered Agent signature required when reinstating) DATE 4-1-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	NEWSWANGER, JO	
STREET ADDRESS	2800 S. OCEAN BLVD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FLADER, ALBIE	
STREET ADDRESS	899 E JEFFREY ST APT 209	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SWEENEY, PAT	
STREET ADDRESS	6200 SILVEROAK DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LYNCH, MEL	
STREET ADDRESS	2200 SO OCEAN BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BONARD, BARBARA	
STREET ADDRESS	1244 S. ALHAMBRA CIR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	CALLIGAN, BETTY	
STREET ADDRESS	779 SW 17TH ST	
CITY-ST-ZIP	BOCA RATON FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pat Sweeney* (NOTE: Registered Agent signature required when reinstating) DATE 4-1-97 DAYTIME PHONE # 954-428-3700

CFR2E037 (9/96)