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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754981
 1. Corporation Name
ZIEGFELD GIRLS OF FLORIDA, INC.

Principal Place of Business %ZIEGFELD GIRLS FL INC 685 E HILLSBORO BLVD DEERFIELD BEACH FL 33443 US	Mailing Address % FRANCIS D SHEEHY 1367 LYONS RD COCONUT CREEK FL 33063
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 11/04/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2051259
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FRANCIS D SHEEHY, ESQ
1367 COCONUT CREEK RD
COCONUT CREEK FL 33063

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T/D	<input checked="" type="checkbox"/> DELETE
NAME	SHUMAN, JOYCE	
STREET ADDRESS	210 IMPERIAL LN	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BONARD, BARBARA	
STREET ADDRESS	1244 S. ALHAMBRA CIR	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	CALLIGAN, BETTY	
STREET ADDRESS	779 SW 17TH ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	KAY, GINNY	
STREET ADDRESS	1220 SW 13TH CIR	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	VP/D	<input type="checkbox"/> DELETE
NAME	DOOLEY, CATHY	
STREET ADDRESS	2731 NE 14TH ST., 33-B	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALBIE FLADER	
1.3 STREET ADDRESS	859 E. JEFFREY ST. 612	
1.4 CITY-ST-ZIP	Boca Raton, FL 33487	
2.1 TITLE	D	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DIANA GERRARD	
6.3 STREET ADDRESS	361 NW 39TH AVE	
6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 1/11/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)