

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **G64934 (4)**

1. Corporation Name
JILLIAN'S ENTERTAINMENT CORPORATION



Principal Place of Business
**ONE ALHAMBRA PLAZA
SUITE 080
CORAL GABLES FL 33134
-88**

Mailing Address
**ONE ALHAMBRA PLAZA
SUITE 080
CORAL GABLES FL 33134
-88**

3. Date Incorporated or Qualified **10/13/1983** 3a. Date of Last Report **06/06/1995**

2. Principal Place of Business
21 **12070 N KENDALL DR** 2a. Mailing Address
26 **727 ATLANTIC AVE**

4. FEI Number **59-2334472** Applied For
Not Applicable

Suite, Apt. #, etc.
22 Suite, Apt. #, etc.
600

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

City & State
23 **MIAMI FL** 27 **BOSTON MA**

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

Zip Country 24 **33126 Dade** 25 **02111** 29 **SUFFOLK** 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LANDRY, RICHARD F
ONE ALHAMBRA PLAZA
SUITE 020
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
12070 N. KENDALL DR
83
84 City **MIAMI** FL 85 Zip Code **33186**

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 (if not the filer) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FOSTER, STEVEN	
STREET ADDRESS	508 N 2ND ST	
CITY-ST-ZIP	FAIRFIELD IA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LANDRY RICHARD F.	
STREET ADDRESS	ONE ALHAMBRA PLAZA, SUITE 020	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEOPOLD, DON R	
STREET ADDRESS	52 WALTHAM ST.	
CITY-ST-ZIP	LEXINGTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIDDE, JOHN L	
STREET ADDRESS	209 COOPER AVE., SUITE 98	
CITY-ST-ZIP	UPPER MONTUAIR NJ 07043	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, DANIEL M	
STREET ADDRESS	508 N. 2ND ST.	
CITY-ST-ZIP	FAIRFIELD IA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OLCOTT, CHARLES	
STREET ADDRESS	INDUSTRIAL ROAD AVE.	
CITY-ST-ZIP	TURNER FALLS MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	12070 N. KENDALL DR	
2.4 CITY-ST-ZIP	MIAMI FL 33186	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	727 ATLANTIC AVE #600	
5.4 CITY-ST-ZIP	BOSTON MA 02111	
6.1 TITLE		<input 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Richard J. Landry VP - Finance 404/560-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 617-350-3111 (Business Phone #)

CR2E034 (12/95)