FILED Mar **22, 1999 08:00** AM

Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DE PARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J02154

HOOTERS OF CASSELLBERRY, INC.

Principal Plac	ce of Business	Mailing Address			
2699 CASSEL CREEK BLVD 1815 THE EXCHANGE				(
#E-5110 ATLANTA GA 30339					10.001.05
CASSELBERRY	FL 32707	US		DO NOT WRITE IN TH	IS SPACE
US				3. Date Incorporated or Qualified	
		mm to the second second		03/04/1986	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
26				59-2637464	Not Applicable
Suite, Apt. #, etc.				5. Certificate of Status Desired [1]	\$8.75 Additional
27					Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ziji	Country	8. This corporation owes the current year f	ntangible
24	25	29 3	10	Personal Property Tax	[]Yes []No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registere	d Agent
OT COCCOCATION OVERTIN					
CT CORPORATION SYSTEM				ddress (P.O. Box Number is Not Acceptable)	
1200 S. PINE ISLAND HUAD				the state of the s	
PLA	NTATION FL 33324		83	•	
					11.1
1			84 City	F	85 Zφ 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.					
office or r	registered agent, or both, in the State of Im familiar with, and accept the obligation	l Ftorida. Such change was aut ons of Section 607 0505. Florid	horized by the corpor ta Statules	alion's board of directors. Thereby accept the app	ointment as registered
_	the sength to	,, established (1)	The state of the s		
SIGNATURE	Signature, typed or printed name of registered agent a	and the day phoths (NOTE R	r gestered Agent says abare re-	good when regretating. EIATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	P	[] DELETE	1.1.1016		[] Change
NAME	AKAM, RICHARD W.		1.2 NAME		Î
STREET ADDRESS	1815 THE EXCHANGE		13 STREET ADDRESS		İ
CITY-ST-ZIP	ATLANTA GA		14 C(TY-ST-7(P		
TITLE	ST	[DELETE	2.1 TITLE	10000000	[_Addition
NAME	ABBOTT, KEN		22 NAME	100002823 -03/30/99-	ภ์กัด34การ
STREET ADDRESS			23 STREET ADDRESS		****150.00
CITY-ST-ZIP	ATLANTA GA		2 4 CITY-ST-ZIP	***************************************	· · · · · · · · · · · · · · · · · · ·
TITLE		DELETE	31 TIGLE		[Change [Addition
NAME			3 2 NAME		
STREET ADDRESS			33 STREET ADORESS		
CITY-ST-ZIP			34 City-S1-ZiP		
TITLE		[] DELETE	4.1 TIFLE		[Change
NALE			4-2 NAME		
STHEET ADDRESS			4.0 STREE LADDRESS		
CITY ST ZIP	1		4.4 CiTY-ST-ZiP		
		Closuste	1 28% ~ ~ ~	•	L LOS TOTAL CONTRACTOR

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 607. Florida Statutes, and that my name appears in Block 13 in charges on an attachment with an address with all other like empowered.

5.3 STREET ADDRESS

SIGNATURE:

NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

[] DELETE

770951-2040

CR2E034 (11/98)