

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 14 PH 2:46

DOCUMENT # L53442

(4)

1. Corporation Name

HOOTERS OF DORAL, INC.

Principal Place of Business

Mailing Address

~~NEIL G. KIEFER~~
~~100-2 AVE S #400N~~
~~ST PETERSBURG FL 33701~~

~~NEIL G. KIEFER~~
~~100-2 AVE S #400N~~
~~ST PETERSBURG FL 33701~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1990

3a. Date of Last Report

06/30/1994

4. FBI Number

59-3009363

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 8695 NW 13TH TERRACE

26 4411 CLEVELAND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI, FL

City & State

28 FT MYERS FL

Zip

24 33126

Country

25 US

Zip

29 33401

Country

30 US

9. Name and Address of Current Registered Agent

GARGANO, ANTHONY J.
1520 ROYAL PALM SQUARE BOULEVARD
SUITE 260
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

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 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 and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LAGESCHULTE, DAVID L.
STREET ADDRESS	1439 LARKSPUR DR
CITY-ST-ZIP	FT MYERS FL
TITLE	DP
NAME	LYNCH, PAUL W.
STREET ADDRESS	5745 SANDPIPER PL
CITY-ST-ZIP	FT MYERS FL
TITLE	DP
NAME	BRAWNER, TERRY K.
STREET ADDRESS	1126 TIPTON COURT
CITY-ST-ZIP	FT MYERS FL
TITLE	D
NAME	REGNIER, DALE
STREET ADDRESS	981 WITTMAN
CITY-ST-ZIP	FT MYERS FL
TITLE	D
NAME	KLINGENSMITH, KIT A.
STREET ADDRESS	6723 PLANTATION MANOR LOOP
CITY-ST-ZIP	FT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/C.E.O.	☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/T/S	☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/P	☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/95

11-275-6234