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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L87236 (0)

1. Corporation Name
HOOTERS OF COCONUT GROVE, INC.

Principal Place of Business

3015 GRAND AVE
COCONUT GROVE FL 33133
US

Mailing Address

4411 CLEVELAND AVE.
FT. MYERS FL 33901-9011
US

3. Date Incorporated or Qualified
07/16/1990

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0213218

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

GARGANO, ANTHONY J
1520 ROYAL PALM SQ. BLVD
STE. 260
FT. 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 type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	DELETE
NAME	LAGESCHULTE, DAVID L.	
STREET ADDRESS	2844 SHRIVER DR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	STD	DELETE
NAME	LYNCH, PAUL W.	
STREET ADDRESS	5745 SANDPIPER PL	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	PD	DELETE
NAME	BRAWNER, TERRY K.	
STREET ADDRESS	77 S BIRCH RD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	DELETE
NAME	KLINGENSMITH, KIT A.	
STREET ADDRESS	1838 WHITE CAP CIR	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	D	DELETE
NAME	REGNIER, DALE R.	
STREET ADDRESS	981 WITTMAN	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	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 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 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

2/26/97

941-275-6339

CR2E034 (9/96)