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Feb 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 # M86355 (8)

1. Corporation Name
HOOTERS OF PALM HARBOR, INC.

Principal Place of Business
2471 MCMULLEN BOOTH RD.
313
CLEARWATER FL 34619
US

Mailing Address
2471 MCMULLEN BOOTH RD.
313
CLEARWATER FL 34619-1351
US

3. Date Incorporated or Qualified 06/21/1988	3a. Date of Last Report 03/07/1996
4. FEI Number 59-2895387	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 26133 U.S. Hwy. 19 N. Suite, Apt. #, etc.	26 26133 U.S. Hwy. 19 N. Suite, Apt. #, etc.
22 Suite 100 City & State	27 Suite 100 City & State
23 Clearwater, FL Zip Country	28 Clearwater, FL Zip Country
24 34623-2019 25 USA	29 34623-2019 30 USA

9. Name and Address of Current Registered Agent

KIEFER, NEIL G.
100 2ND AVENUE SOUTH
SUITE 400
ST. PETERSBURG FL 33801

10. Name and Address of New Registered Agent

81 Name Neil G. Kiefer	85 Zip Code 34623-2019
82 Street Address (P.O. Box Number is Not Acceptable) 26133 U.S. Hwy. 19 N.	
83 Suite 100	
84 City Clearwater	85 FL

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 of registered agent and title if applicable

Neil G. Kiefer

(NOTE: Registered Agent signature required when reinstating)

1/13/97

DATE

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KIEFER, NEIL G.	
STREET ADDRESS	10451 LONGWOOD DRIVE	
CITY-ST-ZIP	LARGO FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	DIGIANNANTONIO, GILBERT	
STREET ADDRESS	3717 WOODRIDGE PLACE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	RANIERI, WILLIAM	
STREET ADDRESS	4974 PEBBLEBROOK DR	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DROSTE, EDWARD C.	
STREET ADDRESS	136 MIDWAY ISLAND	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, DENNIS D.	
STREET ADDRESS	2826 KAVALIER DR.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dennis Johnson	
5.3 STREET ADDRESS	32 Oak Avenue	
5.4 CITY-ST-ZIP	Palm Harbor, FL 34684	
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 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:

William Ranieri

William Ranieri, Secretary

1/15/97

(813) 725-2551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)