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

PROFIT CORPORATION ' ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P12780
1. Corporation Name	1 12100

HOOTERS OF WEST PALM BEACH, INC.

				1 (18) (18) (18) (18) (18) (18) (18) (18	
Principal Place of Business Mailing Address					
1449 OKEECHOBEE BLVD #E5110 WEST PALM BEACH FL 33409 US		1815 THE EXCHANGE #E5110 ATLANTA GA 30339 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
1	Place of Business	2a. Mailing Address		12/31/1986 4. FEI Number 59-2717621	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc		5. Certificate of Status Desired []	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	Ζφ [29] [30]	Country	This corporation owes the current year I Personal Property Tax	Intangible [] Yes
	9. Name and Address of Curre CORPORATION SYSTEM O.S. PINE ISLAND ROAD	nt Registered Agent	81 Name 82 Street Addr	10. Name and Address of New Registere	d Agent
	NTATION FL 33324		83 84 City		
office or r	registered agent, or both, in the State of familiar with, and accept the oblig	e of Florida. Such change was autho ations of, Section 607.0505, Florida	rized by the corporation	oration submits this statement for the purpose on's board of directors. Thereby accept the app	of changing its registered cointment as registered
	Signature, typed or printed nanie of registered ag		Steed Agend agnature require		
12. TITLE	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
NAME	AKAM, RICHARD W.	t, rectic	12 NAME		[Lougille Living
STREET ADORESS	1815 THE EXCHANGE	1	13 STREET ADORESS		ł
CITY-ST-ZIP	ATLANTA GA	1	14 City ST-ZiF		
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CITY-ST-ZIP	1	<u> </u>	54 City-\$1-76	_	Δ.Δ
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14. Thereby 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 suppliemental 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 (execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, Or an attachment with an address which is the empowered.

SIGNATURE:

AMMANDE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99 770951-2040