

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 # P95000054323

1. Corporation Name  
HOOTERS OF AVENTURA, INC.

Principal Place of Business  
20301 BISCAYNE BLVD.  
NO. MIAMI BCH. FL 33180

Mailing Address  
4411 CLEVELAND AVE.  
FT. MYERS FL 33901

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90082 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/10/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0650576	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GARGANO, ANTHONY J  
2075 W FIRST ST  
STE 203  
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCED	1.1 TITLE	
NAME	LAGESCHULTE, DAVID L	1.2 NAME	
STREET ADDRESS	4411 CLEVELAND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	
NAME	LYNCH, PAUL	2.2 NAME	
STREET ADDRESS	4411 CLEVELAND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	
NAME	BRAWNER, TERRY	3.2 NAME	
STREET ADDRESS	4411 CLEVELAND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	KLINGENSMITH, KIT A	4.2 NAME	
STREET ADDRESS	4411 CLEVELAND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEYERS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	REGNIER, DALE R	5.2 NAME	
STREET ADDRESS	4411 CLEVELAND AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEYERS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99

941-275-6339

Daytime Phone #

CR2E034 (1/1/98)