

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

**FILED**  
**Jun 03 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000008168 (2)**  
 1. Corporation Name  
**GIGI'S TAVERN, INC.**



Principal Place of Business <b>185 N.W. SPANISH RIVER BLVD.                  SUITE 110                  BOCA RATON FL 33431-4230</b>	Mailing Address <b>185 N.W. SPANISH RIVER BLVD.                  SUITE 110                  BOCA RATON FL 33431-4228</b>
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2. Principal Place of Business 21 <b>433 Plaza Real</b> Suite, Apt. #, etc. 22 <b>ste 275</b> City & State 23 <b>Boca Raton, FL</b> Zip 24 <b>33432</b>	2a. Mailing Address 26 <b>433 Plaza Real</b> Suite, Apt. #, etc. 27 <b>ste 275</b> City & State 28 <b>Boca Raton, FL</b> Zip 29 <b>33432</b>	Country 25 <b>USA</b> Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>01/25/1996</b>	3a. Date of Last Report
4. FEI Number <b>66-0634371</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

9. Name and Address of Current Registered Agent  
**VOZZO, H. LARRY**  
**185 N.W. SPANISH RIVER BLVD.**  
**SUITE 110**  
**BOCA RATON FL 33431-4230**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BLASLAND, WARREN V JR.</b>	1.2 NAME	<b>warren V. Blasland, Jr</b>
STREET ADDRESS	<b>185 N.W. SPANISH RIVER BLVD., STE. 110</b>	1.3 STREET ADDRESS	<b>185 N.W. Spanish River Blvd</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431-4230</b>	1.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431-4230</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>Larry Vozzo</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>185 Nw Spanish River Blvd</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33431-4230</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>Karl Alterman</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>433 Plaza Real ste 275</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Boca Raton, FL 33432</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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: \_\_\_\_\_ DATE: **5/20/97**

CR2E034 (9/96)