

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

FILED

May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000008168 (2)

1. Corporation Name
GIGI'S TAVERN, INC.

Principal Place of Business 433 PLAZA REAL STE. 275 BOCA RATON FL 33432 US	Mailing Address 433 PLAZA REAL STE. 275 BOCA RATON FL 33432 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 333 W. Camino Gardens Blvd Suite, Apt. #, etc. 22 Ste 203 City & State 23 Boca Raton, FL Zip 24 33432	2a. Mailing Address 26 333 W. Camino Gardens Blvd Suite, Apt. #, etc. 27 Ste 203 City & State 28 Boca Raton, FL Zip 29 33432	Country 25 US 30 US
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3. Date Incorporated or Qualified 01/25/1996	4. FEI Number 66-0634371	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent SCIARRETTA, STEVEN ESQ. 2300 GLADES ROAD SUITE 302-E BOCA RATON FL 33431	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 FL
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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)

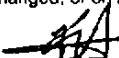
DATE

12. OFFICERS AND DIRECTORS	
TITLE	DT
NAME	BLASLAND, WARREN V JR.
STREET ADDRESS	185 N.W. SPANISH RIVER BLVD., STE. 110
CITY-ST-ZIP	BOCA RATON FL
TITLE	S
NAME	VOZZO, LARRY
STREET ADDRESS	185 NEW SPANISH RIVER BLVD.
CITY-ST-ZIP	BOCA RATON FL
TITLE	PD
NAME	ALTERMAN, KARL
STREET ADDRESS	433 PLAZA REAL, STE. 275
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DTS
1.2 NAME	
1.3 STREET ADDRESS	333 W. Camino Gardens Blvd Ste 203
1.4 CITY-ST-ZIP	Boca Raton, FL 33432
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	333 W. Camino Gardens Blvd 203
3.4 CITY-ST-ZIP	Boca Raton, FL 33432
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

 Karl Alterman 4/30/98 361 447-7327

CR2E034 (10/97)