

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

AMENDED  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC -6 PM 12: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P9600008168

1. Corporation Name

GIGI'S TAVERN, INC.

Principal Place of Business

Mailing Address

333 W. Camino Gardens Blvd.  
Suite 203  
Boca Raton, FL 33432  
US

333 W. Camino Gardens Blvd.  
Suite 203  
Boca Raton, FL 33432  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. 25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Kenneth Minerley  
980 N. Federal Highway  
Suite 205  
Boca Raton, FL 33432

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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

12.1 NAME  
Blasland, Warren V Jr.  
12.2 STREET ADDRESS  
333 W Camino Gardens Blvd., Suite 203  
12.3 CITY-STATE-ZIP  
Boca Raton, FL 33432

12.4 NAME  
Alteman, Karl  
12.5 STREET ADDRESS  
333 W Camino Gardens Blvd. #203  
12.6 CITY-STATE-ZIP  
Boca Raton, FL 33432

12.7 NAME  
Margotta, Anthony R, Jr.  
12.8 STREET ADDRESS  
715 N.E. 26th Ave  
12.9 CITY-STATE-ZIP  
Hallandale, FL 33009

12.10 NAME  
Eltz, John  
12.11 STREET ADDRESS  
137 Maple Avenue, Apt. 5  
12.12 CITY-STATE-ZIP  
Carlsbad, CA 92008

12.13 NAME  
200003070062--7  
12.14 STREET ADDRESS  
-12/14/99--01095--016  
12.15 CITY-STATE-ZIP  
\*\*\*61.25 \*\*\*61.25

12.16 NAME  
12.17 STREET ADDRESS  
12.18 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE  
DIS, CEO  
13.2 NAME  
Blasland, Warren V. Jr.  
13.3 STREET ADDRESS  
333 W Camino Gardens Blvd., Suite 203  
13.4 CITY-STATE-ZIP  
Boca Raton, FL 33432

13.5 TITLE  
VP  
13.6 NAME  
Margotta, Anthony R. Jr.  
13.7 STREET ADDRESS  
715 N.E. 26th Avenue  
13.8 CITY-STATE-ZIP  
Hallandale, FL 33009

13.9 TITLE  
D  
13.10 NAME  
Eltz, John  
13.11 STREET ADDRESS  
137 Maple Avenue, Apt. 5  
13.12 CITY-STATE-ZIP  
Carlsbad, CA 92008

13.13 TITLE  
200003070062--7  
13.14 NAME  
-12/14/99--01095--016  
13.15 STREET ADDRESS  
\*\*\*61.25 \*\*\*61.25

13.16 TITLE  
13.17 NAME  
13.18 STREET ADDRESS  
13.19 CITY-STATE-ZIP

13.20 TITLE  
13.21 NAME  
13.22 STREET ADDRESS  
13.23 CITY-STATE-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, with all other like empowered.

SIGNATURE: KARL ALTERMAN PRES.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/99 561 447 8569  
Date Daytime Phone #

CR2E034 (11/98)