

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P96000084630 (8)
 1. Corporation Name
HURRICANE GRILL, INCORPORATED



Principal Place of Business 425 25TH ST WEST PALM BEACH FL 33407	Mailing Address 425 25TH ST WEST PALM BEACH FL 33407-5407
--	---

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified 10/10/1996	3a. Date of Last Report N/A
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65 0703091	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

ALFEO, JOHN M
~~505 32ND ST~~
WEST PALM BEACH FL 33407

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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's signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	ALFEO, JOHN M	
STREET ADDRESS	505 32ND ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	S	<input checked="" type="checkbox"/>
NAME	MARINCE, TERRANCE L	
STREET ADDRESS	505 32ND ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	S	<input type="checkbox"/>
NAME	JOSEPHINE ALEXANDER	
STREET ADDRESS	881 FLORIANCO COURT, E.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	301-30th ST.		
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	JOSEPHINE ALEXANDER		
3.3 STREET ADDRESS	881 FLORIANCO COURT		
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33406		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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)(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 _____ DATE **4/29/97**

CR2E034 (9/96)