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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000100931 (0)

HOOTERS OF BRICKELL, INC.

4					
Principal Place of Business		Mailing Address			E 30,000 30,000 10,000 01,000 10,000 10,000
4411 CLEVELAND AVE FT MYERS FL 33901		4411 CLEVELAND AVE FT MYERS FL 33901-9011			
				3. Date Incorporated or Qualified 12/09/1996	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 072955	Applied For
21]		26		65-072955	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			
23	-	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30] Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
GAR	gano, anthony j		B1 Name		
1520 ROYAL PALM BLVD #260			B2 Street	Address (P.O. Box Number is Not Acceptate	ole)
FT MYERS FL 33919					
			83		
			84 City	***************************************	85 Zip Code
					FL 69 Zip Code
11. Pursuant to	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statu o of Florida. Such change was	utes, the above-named authorized by the cor	corporation submits this statement for the p poration's board of directors. I horeby acce	ourpose of changing its registered of 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 ag-	All and live if population (Mic	OTE: Registered Agent signature	A required whoo rejects too	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.1 TITLE	D/C·E·O·	Change Addition
NAME	LAGESCHULTE, DAVID L		1.2 NAME		
STREET ADDRESS	4411 CLEVELAND AVE		1.8 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33901		1.4 CITY-ST-ZiP		
TITLE	D	DELETE	2.1 TITLE	DP	Change Addition
NAME	Brawner, Terry		2.2 NAME	- 1	
STREET ADDRESS	4411 CLEVELAND AVE		2.8 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33901	—	2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	DISIT	Change Addition
NAME	LYNCH, PAUL		3.2 NAME		
STREET ADDRESS	4411 CLEVELAND AVE		3.\$ STREET ADDRESS		
CITY-ST-ZIP TITLE	FT MYERS FL 33901	☐ DELETE	3.4. CHY-ST-ZIP 4.1 TITLE	b	Change Addition
NAME		DITTE	4. 2 NAME	REGNIER, DALE R.	C owning C roution
STREET ADDRESS			4.2 STREET ADDRESS	4411 CLEVELAND AVE.	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	FORTMYERS, R 339	0/
TITLE		DELETE	5.0 TITLE	1 6	I I Change (Addition
NAME		_ _	5.2 NAME	KLINGENSMITH, KIT	A
STREET ADDRESS			5.8 STREET ADDRESS	4411 CLEVELAND AVE.	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	KLINGENSMITH, KIT 14411 CLEVELAND AVC. FORT MYERS, & 339	101
TITLE		DELETE	6.4 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.8 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I do heret	by certify that the information supplies in indicated on this annual report or	ed with this filing does not qua	lify for the exemption s	stated in Section 119.07(3)(i). Florida Statute I that my signature shall have the same lega	s. I further certify that the
am an o	flicer or director of the corporation	the receiver or trustee empo	wered to execute this	report as required by Chapter 607, Florida S	Statutes; and that my name
appears i	n block iz or block is ir ongingedy.c	ar on an autachment with an ac	Juless.		