

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

FILED
May 14 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 # P96000100931 (0)

1. Corporation Name

HOOTERS OF BRICKELL, INC.



Principal Place of Business

Mailing Address

~~4411 CLEVELAND AVE~~
~~FT MYERS FL 33901~~

4411 CLEVELAND AVE
FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1996

4. FEI Number

65-0729554

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 300 SW 1st Ave

Suite, Apt. #, etc.

22 SUITE 202

City & State

23 FT. LAUDERDALE FL

Zip

24 33301

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GARGANO, ANTHONY J
1520 ROYAL PALM BLVD #280
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

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

2075 W FIRST ST

83

SUITE 203

84

City

FT MYERS

FL

85

Zip Code

33901

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 DCCO
NAME LAGESCHULTE, DAVID L
STREET ADDRESS 4411 CLEVELAND AVE
CITY-ST-ZIP FT MYERS FL

☐ DELETE

TITLE DP
NAME BRAWNER, TERRY
STREET ADDRESS 4411 CLEVELAND AVE
CITY-ST-ZIP FT MYERS FL

☐ DELETE

TITLE OST
NAME LYNCH, PAUL
STREET ADDRESS 4411 CLEVELAND AVE
CITY-ST-ZIP FT MYERS FL

☐ DELETE

TITLE D
NAME REGNIER, DALE R
STREET ADDRESS 4411 CLEVELAND AVE
CITY-ST-ZIP FORT MYERS FL

☐ DELETE

TITLE D
NAME KILLENSVILLE AVE
STREET ADDRESS 4411 CLEVELAND, OH
CITY-ST-ZIP FORT MYERS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Sandra B. Mortham

4/20/98

941-275-6339

CR2E034 (10/97)