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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000100931

1. Corporation Name

HOOTERS OF BRICKELL, INC.

Principal Place	e of Business	Mailing Address				1 19641681 (48 28418 BASS BASS BASS		12120 11101 1101 1001
300 SW 1ST AVE 4411 CLEVELAND AVE								
STE 202 FT MYERS FL 33901				•		DO NOT WRITE IN	N THIS SPACE	
FT. LAUDERDAI US	LE FL 33301					3. Date Incorporated or Qualifed	11110 01 7102	
03						12/09/1996		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21	ido di Dadinos	26				65-0729554		Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				· _	\$8.7	5 Additional
22		27			5. Certifcate of Status Desired	Fe	e Required	
City & State	re	City & State				6. Election Campaign Financing	<b>\$</b> 5.	<b>00</b> May Be
23		28				Trust Fund Contribution	Ado	led to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current y		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent		04 1		10. Name and Address of New Regis	stered Agent	
CAD	CANO ANTHONY I			81 1	Name			
	gano, anthony j 5 w first st		İ	82 8	Street Add	Iress (P.O. Box Number is Not Acceptable)		
STE								
	203 Myers Fl 33901			83		•		}
	WIENG 1 E 30301		İ	84 (	City		85	Zip Code
						anation automate this statement for the surr	FL   S	n ite registered
office or n	registered agent, or both, in the Stat	e of Florida. Such change was	authorized	by the	iamed corj e corporati	poration submits this statement for the purp ion's board of directors. I hereby accept the	e appointment a	s registered
			anida Ctatu			· · · · · · · · · · · · · · · · · · ·		
agent. I a	m familiar with, and accept the oblig	jations of, Section 607.0505, Fi	onua Statu	ites.				
agent. I a					ionatura mauja	and when rejectation)	NATE	
SIGNATURĖ	Signature, typed or printed name of registered as	gent and title if applicable. (NOT	E: Registered		gnature requin	ed when reinstating)  ADDITIONS/CHANGES TO OFFICE	ATE ERS AND DIRE	CTORS IN 12
SIGNATURE	Signature, typed or printed name of registered at OFFICERS A			Agent sig		ADDITIONS/CHANGES TO OFFICE		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered at OFFICERS A	gent and title if applicable. (NOT	E: Registered	Agent sig			RS AND DIRE	
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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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP