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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

DOCUMENT # P97000078164 (5)

1. Corporation Name
HOOTERS OF KEY WEST, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4411 CLEVELAND AVE FORT MYERS FL 33901		Mailing Address 4411 CLEVELAND AVE FORT MYERS FL 33901	
2. Principal Place of Business 21 227 DUVALL ST. Suite, Apt. #, etc. 22 City & State 23 KEY WEST FL Zip 24 33040 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 4520 ROYAL PALM SQUARE BLVD, #280 FORT 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	LAGESCHULTE, DAVID L	1.2 NAME	
STREET ADDRESS	4411 CLEVELAND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	LYNCH, PAUL	2.2 NAME	
STREET ADDRESS	4411 CLEVELAND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	BRAWNER, TERRY	3.2 NAME	
STREET ADDRESS	4411 CLEVELAND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

[Signature]

[Signature]

CR2E034 (10/97)