

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V44260** (0)

1. Corporation Name

**HOOTERS OF MOUNT PROSPECT, INC.**



Principal Place of Business

Mailing Address

**2471 MCMULLEN BOOTH RD  
SUITE 316  
CLEARWATER FL 34619**

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SUITE 316  
CLEARWATER FL 34619**

3. Date Incorporated or Qualified <b>06/17/1992</b>	3a. Date of Last Report <b>02/14/1995</b>
4. FEI Number <b>59-3147460</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIEFER, NEIL G  
RIDEN, EARLE & KIEFNER, P.A.  
100 2ND AVE S SUITE 400N  
ST PETERSBURG FL 33701**

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

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 type for 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIEFER, NEIL G.</b>	1.2 NAME	
STREET ADDRESS	<b>10451 LONGWOOD DRIVE</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>LARGO FL</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIGIANNANTONIO, GILBERT</b>	2.2 NAME	
STREET ADDRESS	<b>3677 WOODRIDGE PLACE</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM HARBOR FL</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>DST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RANIERI, WILLIAM</b>	3.2 NAME	<b>William Ranieri</b>
STREET ADDRESS	<b>3369 PATTIE PLACE</b>	3.3 STREET ADDRESS	<b>4794 Pebblebrook Drive</b>
CITY-STATE-ZIP	<b>PALM HARBOR FL</b>	3.4 CITY-STATE-ZIP	<b>Oldsmar, FL 34677</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DROSTE, EDWARD C</b>	4.2 NAME	
STREET ADDRESS	<b>1700 MCMULLEN BOOTH RD</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>CLEARWATER FL</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, DENNIS</b>	5.2 NAME	
STREET ADDRESS	<b>2826 KAVALLER DR</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM HARBOR FL</b>	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*William Ranieri*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William Ranieri, Sec/Treas** 2/5/96 (813) 725-2551  
Date Daytime Phone

CR2E034 (12/95)