

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

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Feb 04 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V44260 (0)**

1. Corporation Name  
**HOOTERS OF NAPERVILLE, INC.**



Principal Place of Business <b>2471 MCMULLEN BOOTH RD SUITE 316 CLEARWATER FL 34619</b>	Mailing Address <b>2471 MCMULLEN BOOTH RD SUITE 316 CLEARWATER FL 34619-1351</b>
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2. Principal Place of Business 21 <b>26133 U.S. Hwy. 19 N.</b> Suite, Apt. #, etc. 22 <b>Suite 100</b> City & State 23 <b>Clearwater, FL</b> Zip 24 <b>34623-2019</b>	2a. Mailing Address 26 <b>26133 U.S. Hwy. 19 N.</b> Suite, Apt. #, etc. 27 <b>Suite 100</b> City & State 28 <b>Clearwater, FL</b> Zip 29 <b>34623-2019</b>	Country 25 <b>USA</b> 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>06/17/1992</b>	3a. Date of Last Report <b>03/13/1996</b>
4. FEI Number <b>59-3147460</b>	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name  
**Neil G. Kiefer**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**26133 U.S. Hwy. 19 N.**  
83  
**Suite 100**  
84 City  
**Clearwater**  
85 Zip Code  
**FL 34623-2019**

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 *Neil G. Kiefer* **Neil G. Kiefer** 1/13/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KIEFER, NEIL G.</b>	
STREET ADDRESS	<b>10451 LONGWOOD DRIVE</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>DI GIANNANTONIO, GILBERT</b>	
STREET ADDRESS	<b>3677 WOODRIDGE PLACE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> DELETE
NAME	<b>RANIERI, WILLIAM</b>	
STREET ADDRESS	<b>4794 PEBBLEBROOK DRIVE</b>	
CITY-ST-ZIP	<b>OLDSMAR FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DROSTE, EDWARD C</b>	
STREET ADDRESS	<b>1700 MCMULLEN BOOTH RD</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, DENNIS</b>	
STREET ADDRESS	<b>2826 KAVALIER DR</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Gilbert Di Giannantonio</b>
2.3 STREET ADDRESS	<b>3717 Woodridge Place</b>
2.4 CITY-ST-ZIP	<b>Palm Harbor, FL 34684</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Dennis Johnson</b>
5.3 STREET ADDRESS	<b>32 Oak Avenue</b>
5.4 CITY-ST-ZIP	<b>Palm Harbor, FL 34684</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *William Ranieri* **William Ranieri, Secretary** 1/15/97 (813) 725-2551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)