


FILED

Mar 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V50078				(7)	
1. Corporation Name HOOTERS OF BOCA, INC.					
Principal Place of Business 2200 W GLADES RD BOCA RATON FL 33431 US			Mailing Address 4411 CLEVELAND AVE FT MYERS FL 33801-8011		
2. Principal Place of Business			2a. Mailing Address		
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		
22 City & State			27 City & State		
23 Zip			28 Zip		30 Country
25 Country			29 Country		
9. Name and Address of Current Registered Agent					
GARGANO, ANTHONY J. 1520 ROYAL PALM SQUARE BOULEVARD SUITE 260 FORT MYERS FL 33919					81 Name
					82 Street Address
					83
					84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____					
12. OFFICERS AND DIRECTORS					
TITLE	CEOD	<input type="checkbox"/> DELETE		1.1 TITLE	
NAME	LAGESCHULTE, DAVID L			1.2 NAME	
STREET ADDRESS	2644 SHRIVER DR			1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS FL			1.4 CITY - ST - ZIP	
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	
NAME	LYNCH, PAUL W			2.2 NAME	
STREET ADDRESS	5745 SANDPIPER PLACE			2.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL			2.4 CITY - ST - ZIP	
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	
NAME	BRAWNER, TERRY K			3.2 NAME	
STREET ADDRESS	77 S BIRCH RD			3.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL			3.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	
NAME	REGNIER, DALE			4.2 NAME	
STREET ADDRESS	981 WITTMAN			4.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL			4.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	
NAME	KLINGENSMITH, KIT A			5.2 NAME	
STREET ADDRESS	1838 WHITE CAP CIR			5.3 STREET ADDRESS	
CITY - ST - ZIP	N FT MYERS FL			5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY - ST - ZIP				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 Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: _____					



CR2E034 (9/96)