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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 04 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V50078

(7)

HOOTERS OF BOCA, INC.

SIGNATURE:

	1.6	Mailing Address	····		WEBEF BEBIT BEBIT 85815 BYBIT BIBIT 1891
2200 W GLADES RD BOCA RATON FL 33431		4411 CLEVELAND AVE FT MYERS FL 33901-9011			
US				Date Incorporated or Qualified     07/13/1992	3a. Date of Last Report 05/01/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		65-0354881	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, efc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
7ip 4	Country 25	Zip 29	Country 30	This corporation has liability for Florida Statutes	r intringible tax under s. 199.032,  Yes No
<u> </u>	9. Name and Address of Curre			10. Name and Address of New R	egistered Agent
GAF	RGANO, ANTHONY J.		81 Name		
	O ROYAL PALM SQUARE BOULE	EVARD	82 Street	Address (P.O. Box Number is Not Accepta	able)
SUIT	TE 260				
FOR	RT MYERS FL 33919		83		
			84 City		FL 85 Zip Code
	007.00	10 - J 007 (F00 F1-1-) - Ch	in the share page	d corporation submits this statement for the	
11. Parsuant office or i	registered agent, or both, in the State	e of Florida, Such change was	authorized by the co	rporation's board of directors. I hereby according to the control of the control	ept the appointment as registered
agent ±a	am familiar with, and accept the oblig	ations of, Section 607,0505, F	forida Statutes.		
SIGNATURE	Signature, typed or printer name of regelered ag	ent and title Lappusable. (NC	TE Registered Agent signatur	re required when reinstating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	CEOD	DELETE	1.4 TITLE		Change Addition
NAME	LAGESCHULTE, DAVID L		1.2 NAME		
STHEET ADDRESS			1.3 STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS FL		1.4 CITY - ST- ZIP		
TITLE	STD	☐ DELETE	2.1 TATLE		Change Addition
NAME	LYNCH, PAUL W		2.2 NAME		
STREET ADDRESS	5745 SANDPIPER PLACE		2.3 STREET ADDRESS		
CITY - S1 - ZIP	FT MYERS FL	DELETE	2. 4 CITY-ST-ZIP	·	Change Addition
THE	PD   Brawner, Terry K	ר ו מנונונ	3 1 TITLE		C Orange C Addition
NAME	77 0 0(DOL) DD		3 2 NAME		
STREET ADDRESS	FT LAUDERDALE FL		3.3 STREET ADDRESS		
CITY - \$1 - ZIP	D LAUDERDALE PL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME	REGNIER, DALE		4. 2 NAME	·	
STREET ACCURESS.			4.3 STREET ADDRESS		
Cify - ST- ZIP	FT MYERS FL		4.4 CITY - ST - ZIP		
Titil	D	DELETE	5.1 TITLE		Change Addition
NAME	KLINGENSMITH, KIT A		5.2 NAME		
STREET ADORESS	AAAA MAINTE OAD OID		5.3 STREET ADDRESS		
CHY-SL-Z#	N FT MYERS FL		5.4 CITY+ST-ZIP		
TIFLE		☐ D€LFTE	61 TITLE	1	Change Addition
******			62 NAME		
				. 1	
NAME STREET ADDRESS			6.3 STREET ADDRESS	• •	
NAME STREET ADDRESS CITY: ST. 7.9			6 4 CITY - ST - ZIP		
NAME STREET ADDRESS CHY-ST-ZP 14. I do here	eby certify that the information suppli		6 4 CITY-ST-ZIP alify for the exemption	stated in Section 119.07(3)(i), Florida Statu d that my signature shall have the same lest report as required by Chapter 607, Florida	