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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **V50480** (5)

1. Corporation Name
HOOTERS OF SCHAUMBURG, INC.

Principal Place of Business	Mailing Address
26133 US HWY 19 N STE 100 CLEARWATER FL 34623-2019 US	26133 US HWY 19 N STE 100 CLEARWATER FL 34623-2019 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1992

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-3102933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KIEFER, NEIL G
26133 US HWY 19 N
STE 100
CLEARWATER FL 34623

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KIEFER, NEIL G.		1.2 NAME	Neil G. Kiefer	
STREET ADDRESS	10451 LONGWOOD DRIVE		1.3 STREET ADDRESS	10451 Longwood Drive	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	Seminole, FL 33777	
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DIGIANNANTONIO, GILBERT		2.2 NAME		
STREET ADDRESS	3717 WOODRIDGE PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RANIERI, WILLIAM		3.2 NAME		
STREET ADDRESS	4794 PEBBLEBROOK DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DROSTE, EDWARD C		4.2 NAME		
STREET ADDRESS	1700 MCMULLEN BOOTH RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, DENNIS		5.2 NAME		
STREET ADDRESS	32 OAK AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: NM Off — Neil G. Kiefer, President — 3/3/98 — (813) 725-2551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0400505