

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90098 008 ***150.00

DOCUMENT # G82613

1. Corporation Name

BRASS RAIL SALOON, INC.

Principal Place of Business

1065 S VINELAND RD
WINTER GARDEN FL 34787

Mailing Address

1065 S VINELAND RD
WINTER GARDEN FL 34787

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1984

4. FEI Number

59-2434504

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LAHDE, E. LEROY
1065 S VINELAND RD
WINTER GARDEN, FL 32787

10. Name and Address of New Registered Agent

81 Name JAMES E. CUREIE
82 Street Address (P.O. Box Number is Not Acceptable)
5931 Kenlyn Ct.
83 1065 S. Vineland Rd
84 City Orlando FL 85 Zip Code 32787

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

James E. Cureie

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-99

12. OFFICERS AND DIRECTORS

TITLE	VDS	<input type="checkbox"/> DELETE
NAME	LAHDE, BARBARA	
STREET ADDRESS	316 SABINAL ST.	
CITY-ST-ZIP	OCOE FL	
TITLE	PDT	<input checked="" type="checkbox"/> DELETE
NAME	LAHDE, E. LEROY	
STREET ADDRESS	316 SABINAL ST.	
CITY-ST-ZIP	OCOE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres./Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James E. Cureie	
1.3 STREET ADDRESS	5931 Kenlyn Ct	
1.4 CITY-ST-ZIP	Orlando, FL 32809	
2.1 TITLE	V. Pres / Sec.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wannee Beaudoin	
2.3 STREET ADDRESS	5931 Kenlyn Ct	
2.4 CITY-ST-ZIP	Orlando, FL 32808	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-99 407-656-8300

CR2E034 (11/98)