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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000027121 (1)

BRANDON ALE HOUSE AND RAW BAR, INC.

Mailing Address

APPROVED AND

1997 MAY 30 PM 1: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business		Mailing Address							
18775 SE RIVER RIDGE ROAD TEQUESTA FL 33489		612 N ORANGE AVE SUITE C6 JUPITER FL 33458-5023	612 N ORANGE AVE SUITE C6						
		US				3. Date Incorporated or Qualified 04/12/1993		ate of Last F 15/1996	leport
	lace of Business	2a. Mailing Address			4. FEI Number	• • • • • • • • • • • • • • • • • • • •	A	pplied For	
21		26				<b>65-0452812</b> Not Applicable			
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	h-1			5. Certificate of Status Desired		•	Additional
22 City & Ctot		27							equired
City & State	в	City & State	<del>⊢</del> '			6. Election Campaign Financing \$5.00 May Be			
Zip	Country		Cou	intry		Trust Fund Contribution	<u> </u>		to Fees
24	25	29	30	ш. у		8. This corporation has liability for in Florida Statutes		tax under s ∃No	. 199.032,
<del>6.7</del>	9. Name and Address of Curre		1301	T		10. Name and Address of New Reg			
MILI	ER, JOHN W			81	Name				
	75 SE RIVER RIDGE ROAD					(DC) Do Number in Number i			
	UESTA FL 33469			82	Street Address (P.O. Box Number is Not Acceptable)				
,,,	02017112 00100			83					
					ļ				
				84	City		FL	85 Zip	Code
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	authorize	d by	the corporati	oration submits this statement for the pulion's board of directors. I hereby acception	rpose of the app	changing it ointment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered ag	•				ed when reinstaling)	DATE		
12.		ND DIRECTORS	13.	- Age	k signature require	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	3S IN 12
TITLE	D	DELETE	1.1 TI	TLE				Change	Addition
NAME	MILLER, JOHN W		1.2 N/	AME					_
STREET ADDRESS	18775 SE RIVER RIDGE ROAI	0	1.3 \$1	REET	ADDRESS	7000021 -06/02/9	97.	457	4
CITY-ST-ZIP	TEQUESTA FL 33469		1.4 Cl	1Y-S	T - ZIP	-06/02/9	70	10520	301
TITLE		DELETE	2 1 TI	2 1 TITLE		***6105	.00	Profile to	35. Obbition
NAME			22 N/	AME					
STREET ADDRESS			2351	REET	ADDRESS				
CITY-ST-ZIP			2 4 C	ITY - S	S1 - ZIP				
TITLE		DELETE	3 1 TF	TLF				Change	Addition
NAME			3 2 NA	AME					
STREET ADDRESS			3 3 ST	REFT	ADDRESS				
CITY-ST-ZIP			3 4. C	ITY-S	ST-ZIP				
TITLE		☐ DELETE	4 1 11	TLE				Change	Addition
NAME			4 2 N	AME					
STREET ADDRESS			4351	1938	ADDRESS				
CITY-ST-ZIP			4.4 0	1 <u>Y</u> · \$	1-ZIP				
TITLE		☐ DELETE	5.1 TI	TLE				Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5351	REET	ADDRESS				
CITY-ST-ZIP			5.4 CF	TY-S	r-7IP				
TITLE		DELETE	6.1 11					Change	Addition
NAME			6.2 NA	M£				/\	1 200
STREET ADDRESS			6.3 \$1	REET	ADDRESS	·		1/100	\BUT
OITH OT NO								9	110

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 charged, or on an attachment of the an address.