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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000027121

BRANDON ALE HOUSE AND RAW BAR, INC.

					**				
Principal Place of Business Mailing Address							1 (1811 1800)		1991 1181 1881
18775 SE RIVER RIDGE ROAD TEQUESTA FL 33469		612 N ORANGE AVE Suite C6 Jupiter Fl 33458			DO NOT WRITE IN THIS	S SPACE	<u>: </u>		
		US			3. Date Incorporated or Qualifed 04/12/1993				
Principal Place of Business Za. Mailing Address						4. FEI Number	L		lied For
21 26						65-0452812			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired		75 Ad ee Req	Iditional uired
City & State City & State			***************************************			Election Campaign Financing Trust Fund Contribution		.00 M	
Zip	ip Country Zip			У		This corporation owes the current year In Personal Property Tax.	itangible XYes	. [□No
24	9. Name and Address of Curre		301			10. Name and Address of New Registered			
	9. Name and Address of Curre	III Registered Agent	81	1 1	Name	To: Hame and Address of their Hegisters			
MILLER, JOHN W						ss (P.O. Box Number is Not Acceptable)			-÷**
18775 SE RIVER RIDGE ROAD									
TEQUESTA FL 33469			83	3					
			84	4 (City	FI	85	Zip Co	ode
agent. I a	m familiar with, and accept the obligi	ations of, Section 607.0505, Flori	da Statute	s.	gnature required	's board of directors. I hereby accept the appointment of the appointm	· · · · · · · · · · · · · · · · · · ·		
12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOF	RS IN 12
TITLE	D DELETE		11 TITLE	11 TITLE			☐ Cha	ange	☐ Addition
NAME	MILLER, JOHN W		1.2 NAME						
STREET ADDRESS 18775 SE RIVER RIDGE ROAD)	1.3 STREET ADDRESS		DRESS				
CITY-ST-ZIP	TEQUESTA FL 33469		1.4 CITY-ST-ZIP		IP	<u> </u>			
TITLE		☐ DELETE	2.1 TITLE		-		Cha	ange	☐ Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS		DRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		ZIP				
TITLE			3.1 TITLE				☐ Cha	ange	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS		DORESS				
	CITY-ST-ZIP		3.4. CITY-ST-ZIP		ZIP .				
TITLE	☐ DELETE 4.1		4.1 TITLE				Cha	ange	☐ Addition
NAME			4. 2 NAME						
1	STREET ADDRESS		4.3 STREET ADDRESS		DORESS				
CITY-ST-ZIP				4.4 CITY-ST-ZIP					
TITLE			5.1 TITLE				Cha	ange	Addition
NAME			5.2 NAME		•				
STREET ADDRESS			5.3 STRE	ET AD	DDRESS	•			
			5.4 CITY-						
CITY-ST-ZIP TITLE		□ DELETE	6.1 TITLE			***	Cha	ange	Addition
NAME				62 NAME				-	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS