## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name P94000063723 (8)

WEST PALM DRAFT HOUSE & SPORTS BAR, INC.											
Principal Plac	e of Business	Ma	iling Address					THE PARTICULAR THE LEGISLE CORRESPONDENT OF THE PARTICULAR PROPERTY OF THE	<b>80</b> 111 <b>81</b> 118	PATOL ASSIL JOOL	O IIOOO BAAA IOOF
2161 PALM BEACH ŁAKES BLVD SUITE 403 WEST PALM BEACH FL 33409			2161 PALM BEACH LAKES BLVD SUITE 403 WEST PALM BEACH FL 33409								
								3. Date Incorporated or Qualified 08/25/1994		te of Last Ri )7/27/19:	,
2. Principal F	Place of Business	2a. 26	Mailing Address					4. FEI Number NOT APPLICABLE		-	Applied For Not Applicable
Suite, Apt.	#, etc.	27	Suite, Apt #, etc.					5. Certificate of Status Desired			Additional Required
City & State		28	City & State				Election Campaign Financing     Trust Fund Contribution			May Be	
Ζιρ <b>24</b>	Country 25	29	Zıp	30 Co	unt:y	,		8. This corporation has liability for Florida Statutes  Yes			
24	g, Name and Address of Curren		ered Agent		T			10. Name and Address of New F	T-	Agent	
					81	Na	me				
Preefer, Richard 2161 Palm Beach Lakes Blvd				82 Street Add			eet Addre	ss (P.O. Box Number is Not Acceptab	lio)	•	
SUITE	403				83						
WEST	PALM BEACH FL 33409				84	Cıt	у ў	· · · · ·	FI	<b>85</b> Zi	o Code
or registe	to the provisions of Sections 607.0502 cred agent, or both in the State of Floric wth, and accept the obligations of, Soct	da. Such	change was author	ized by the	ove r corp	name ioratic	d corpora on's beard	tion submits this statement for the pull of directors. Thereby accept the app	pose of cl pintment a	nanging its r is registered	egistered office agent. I am
SIGNATURE	Signature typed or protect cards of registers in agricle	lad terta	pydroat - (f	VOTE Fregide e	d Age	ol segne	late to spring!	www.meredakog.	DATE		
12.	OFFICERS AN	D DIREC	TORS	13.				ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Ffurther 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 coronalization in 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 changes on a statute with an address.

SIGNATURE HIP TYPE OF BHILLED NAME OF SIGNATURE OF DIRECTOR

SIGNATURE:

Hiclas

407-689-7206