3-9-94 B 2954 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State 1000 DIVISION OF CORPORATIONS

	1990					
DOCUMENT # P94000069783 (6)						
ATLANTA ALE HOUSE AND RAW BAR, INC.						
j						
Principal Plac	e of Business	Mailing Address				
612 N. ORANGE AVE., SUITE C-6 612 N. ORANGE AVE., SUI			AVE SUITE C-6	i		
JUPITER FL 33458 JUPITER FL 33458			58		DO NOT WRITE IN THIS SPA	CE
					3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Addr	ess		09/21/1994 4. FEI Number	Applied For
21		26			65-0567316	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #,	etc.			8.75 Additional Fee Required
27 27 City & State City & State					6. Election Campaign Financing	5.00 May Be
23		28				Added to Fees
Zip 24	Country	Zip [29]	30	untry	8. This corporation owes or has paid the current Personal Property Tax due June 30.	
	9. Name and Address of Curre			I	10. Name and Address of New Registered Age	
	LER, JOHN W			81 Name		
612 N. ORANGE AVE., SUITE C-6				82 Street A	Address (P.O. Box Number is Not Acceptable)	
] JUI	PITER FL 33458			83		
				84 City	page 84	Zip Code
				1 1 - 1	FL	1
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	Signature, typed or printed name of registered as	rent and tille it most, able	(NOTE Broiston	ed Agent signe) are to	required when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIF	
TITLE	D	☐ DE				Change Addition
NAME STREET ADDRESS	Miller, John W 18775 S.E. River Ridge Ro	AD	4	NAME STREET ADDRESS		18
CITY-ST-ZIP	TEQUESTA FL 33469	טאינ	I	CITY-ST-ZIP		
TITLE		DE	LETE 2.11	TITLE		Change
NAME			a -	IAME .		
STREET ADDRESS CITY-ST-ZIP			I	STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	ļ
TITLE		☐ DE				Change Addition
NAME				IAME		• [
STREET ADORESS CITY-ST-ZIP			10	STREET ADDRESS CITY-ST-ZIP		}
TITLE		□ DE				Change
NAME			4.2	NAME		
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP TITLE		DE		TITY-ST-ZIP		Change
NAME			5.2 A	J	-	-
STREET ADDRESS			5.3 S	TREET ADDRESS		
CITY-ST-ZIP		T nr		CITY-ST-ZIP	······	Change Addition
TITLE NAME		ĹĴ DL	6.1 T	,	E)	Unange EJ ACORDON
STREET ADDRESS			a a	TREET ADDRESS		
CITY-ST-ZIP			6.4 0	ITY-ST-ZIP		
14. I hereby o	certify that the information supplied v	vith this filing does not	qualify for the ex	emption stated	d in Section 119.07(3)(i), Florida Statutes. I further certify	that the information

on is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am at the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address.