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 # P9400069803 (2)

DAVIE ALE HOUSE AND RAW BAR, INC.

Principal Place of Business

Mailing Address

612 N. ORANGE AVE., SUITE C-6 JUPITER FL 33458 612 N. ORANGE AVE., SUITE C-6 JUPITER FL 33458-5023 APPROVED AND FILED

1997 HAY 30 PM 12: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA



JUPITER PL 33	7430	JUPHEN PL 33930-304	i)						
						3. Date incorporated or Qualified 09/21/1994		ate of Last Re 118/1996	eport
- , '	lace of Business	2a. Mailing Address				4. FEI Number 65-0570272			plied For
Sulte, Apt.	# 010	26 Suite Act # etc	Suite, Apt. #, etc.			¢o.			t Applicable
22	π, σιο.	<u> </u>	27			5. Certificate of Status Desired		\$8.75 A	
City & State	0	City & State				6. Election Campaign Financing		\$5.00	. '
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Cou	intry		8. This corporation has liability for,	nţangible	tax under s.	. 199.032,
24	25	29	30					No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re-	gistered	Agent	
	LER, JOHN W		;	61	Namo				
	N. ORANGE AVE., SUITE C-6			62	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
JUP	ITER FL 33458			83					
				03					
				84	City		E I	85 Zip (Dode
11. Pursuant	to the provisions of Sections 607 05	502 and 607.1508. Florida St	atutes the al	30V	e-named core	oration submits this statement for the p	urpose o	Changing it	s registerer
_	egistered agent, or both, in the Stat rn familiar with, and accept the obli	te of Florida, Such change w gations of, Section 607.0505	ras authorize i, Florida Stat	a by lutes	r me corporati 5.	ion's board of directors. I hereby accep	i the app	ointment as	registered
SIGNATURE	Signature, typed or printed name of registered a	igent and tille d applicable	(NOTI Hagistered	d Age	nt signature require	ed when reinstating)	DATE.		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		S IN 12
TITLE	D	☐ DELFTE	1.1 10	1L£				☐ Change	Additio
Name	MILLER, JOHN W		1.2 N/	AME					
STREET ADDRESS	18775 S.E. RIVER RIDGE RO	IAU	1.3 \$7	REET	ADDRESS				
CITY-ST-ZIP	TEQUESTA FL 33469	DELETE	1,4 CI	_	T- 21P				
TITLE		☐ DELETE	2.1 16			10000021	97.	Change	Additio
NAME OTDEST ADDRESS			2.2 N/		.Fabros	100002 1 -06/02/9	17n	1052C	າດາ
STREET ADORESS					ADDRESS	***6105	: ກກັ	####16	
CITY-ST-ZIP TITLE		DELETE	2. 4 C		51 · ZIP	***************************************	,	Change	Additio
NAME			3.2 N/					Onango	
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP			1		ST-ZIP				
TITLE		DELETE	4.1 10			 		Change	Addition
NAME			4.2 №	AME					
STREET ADDRESS			4.3 ST	REET	ADORESS				
CITY-ST-ZIP			4.4 CI	1Y-S	T - ZIP				
TITLE		DELETE	5.1 TI	TLE				Change	Additio
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 \$1	REET	ADDRESS				
CITY-ST-ZIP			5.4 CI		T- ZIP			· 	
TITLE		DELETE	6.1 TU	TLE.				☐ Change	Addition
NAME			G.2 N/	ME				ΡΚ.	y ya I
STREET ADDRESS			6.3 \$1	REET	ADDRESS			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	5/2
City_St_7iP			640	1v. s	מול גו			4	<i>-</i> -

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, Fiorida Statutes; and that my name appears in Block 12 or Block 13 if change? I, or op an attachment with an oddress.

CR2E034 (9/96