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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90101 018 \*\*\*150.00

**FILED** 

## DOCUMENT # P9400069803

DAVIE ALE HOUSE AND RAW BAR, INC.

Principal Place of Business Mailing Address					Į	( SPM(SPM( S)M (M(() B)M)) MM)))	)+) <b>48</b> *)  <b>49</b>    <b>0</b>	1510 19101 101	II #8189 IIII 1981
612 N. ORANGE AVE SUITE C-6 JUPITER FL 33458			612 N. ORANGE AVE SUITE C-6		[	•			
		JUPITER FL 33458			DO NOT WRITE IN THIS SPACE				
					ľ	3. Date Incorporated or Qualifed			
						09/21/1994			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	•		Applied For
21		26			Ì	65-0570272		N	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						Certifcate of Status Desired		\$8.75	Additional
22 27					5. Certificate of Status Desired		Fee F	Required	
City & State City & State					6. Election Campaign Financing		\$5.00	May Be	
23 28						Trust Fund Contribution		Added	to Fees
Zip	Country Zip Cou			y		8. This corporation owes the curre			_
24			30	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New R	egistered A	(gent	
AAH I	ED IOUN W		81	Nam	e				
MILLER, JOHN W 612 N. ORANGE AVE., SUITE C-6				Stree	et Addres	ress (P.O. Box Number is Not Acceptable)			
JUPITER FL 33458									
JUFI	IER FL 33436		83	1					
			84	City				85 Zip	Code
							FL		
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statuti	es, the abov	e-name	ed corpora	ation submits this statement for the 's board of directors. I hereby accep	purpose of o	changing it	:s registered registered
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505, Flo	rida Statute	\$.	poration	5 bours of amounts. Thereby about	t are appoin	unon ao i	9.0.0.00
SIGNATURE									į
	Signature, typed or printed name of registered	· <del>*</del>	: Registered Age	nt signatur	e required with		DATE		
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFF	FICERS ANI		
TITLE	D DELETE		1,1 TITLE					☐ Change	Addition
MILLER, JOHN W			1.2 NAME						
STREET ADDRESS	18775 S.E. RIVER RIDGE RO	JAU	1.3 STREE	TADDRES	×s				
CITY-ST-ZIP	TEQUESTA FL 33469	Close ste	1.4 CITY-5	ST-ZIP	+				
TITLE	☐ DELETE		2.1 TITLE					☐ Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE	TADDRES	s				ľ
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP	+	<del></del>			
TITLE		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRES	is				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	+-				
TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME			4.2 NAME						ì
STREET ADDRESS			4.3 STREE	TADDRES	is	•			
CITY-ST-ZIP			4.4 CITY-5	T-ZIP	+				
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE		s				
CITY-ST-ZIP			5.4 CITY- S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME			6.2 NAME						ĺ
STREET ADDRESS			6.3 STREE	TADDRES	.s				i

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 chapted or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP