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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600073714 (3)

EAST NAPLES ALE HOUSE AND RAW BAR, INC.

Principal Place of Business

Mailing Address

APPROVED AND FILED

1997 MAY 30 PM 12: 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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612 N ORANGE JUPITER FL 33	E AVE. SUITE C-6 3458	612 N ORAN JUPITER FL	IGE AVE. SUITE C-6 33458-5023				
						3. Date Incorporated or Qualified 09/03/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number	Applied Fo
21		26					Not Applica
Suite, Apt.	#, etc.	Suite, A	ot. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	6	City & S	late			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	1	Country	,	8. This corporation has liability for i	
24	25	29	30				Yes XNo
	9, Name and Address of Curre	ent Registered Ag	ent			10. Name and Address of New Re	alstered Agent
	LER, JOHN W			81	Name		
	N ORANGE AVE, SUITE C-6 ITER FL 33458		8		82 Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		FL 85 Zip Code
office or re	to the provisions of Soctions 607.05 egistered agent, or both, in the Stam familiar with, and accept the obli	te of Florida Such	change was authori	ized by	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its register the appointment as registere
SIGNATURE	Signature, lyped or printed name of registered a	soont and title if annication	(NOTE: Bonis	tored And	int signature recu	ired whon reinslating)	DAIE
12.		ND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D		DELETE 1.	.1 TITLE		5000021	Add
NAME	MILER, JOHN W		1.	2 NAME		_00/02/0	9701052001
STREET ADDRESS	18775 SE RIVER RIDGE RD		1	3 STRFET	ADDRESS	######################################	.00 ****165.00
CITY-ST-ZIP	TEQUESTA FL 33469		1.	4 CHY-S	T-ZIP	***************************************), 00 mmm200; 00
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STREET ADDRESS			3.	3 STREET	ADDRESS		
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NAME			4.	. 2 NAME	ļ		
STREET ADDRESS			4.	3 STREET	ADDRESS		
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NAME			6.	2 NAME			/\GV_\A
STREET ADDRESS			6.	3 STREET	ADDRESS		~ \\Z\\30\\
CITY-ST-ZIP			1 6	4 CITY - S	1-710		v _n

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 trustly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address

d-da= 5/1-7/12-779