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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT #
1. Corporation Name P96000073714

EAST NAPLES ALE HOUSE AND RAW BAR, INC.

## Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90176 041 \*\*\*150.00



Principal Place of Business Mailing Address							1 INDII		311 <b>40</b> 111 <b>6</b> 911	II <b>Va</b> sii <b>Vu</b> ili I	##D# (3)(3 (#D)		
612 N ORANGE AVE. SUITE C-6 612 N ORANGE AVE. SUITE C JUPITER FL 33458 JUPITER FL 33458								DO N	OT WRIT	E IN THIS	SPACE		
							3. Date Inco	rporated or	Qualifed				
							09/03/1	996					
2. Principal Place of Business 2a. Mailing Address							77,77,7					pplied For	
26							65:0692	2557			N	lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certifcate	of Status D	esired		<b>+</b>	Additional	
27							J. Octulouto					tequired	
City & State	•	City & State	City & State				6. Election Campaign Financing \$5.00 May Be						
23		28					Trust Fund Contribution Added to Fees						
Zip	Country	Zip Country					8. This corpo			ent year Inta	angible Yes	⊠No	
24	25	29	30	1	_		10. Name an	Property Ta:		egistered .			
<del></del>	9. Name and Address of Currer	it Registered Agent	<del></del>	81	Name		10. Name an	a Auguross	<u> </u>	9-9-0			
MILL	ER, JOHN W							<del> </del>					
	N ORANGE AVE, SUITE C-6			82	Street	Addres	ss (P.O. Box N	umber is No	t Accepta	ble)		ļ	
	TER FL 33458										_		
											1(		
				84	City					FL	85  Zip	Code	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Flonda, Such change wa ations of, Section 607.0505,	as authorized	i by utes	tne corpo	oration	is board of dire	ctors. I here	eby accep	t the appoil	ntment as r	egistered ———	
12	Signature, typed or printed name of registered age	ND DIRECTORS	13.	Agen	a signature r	equired v		S/CHANGE	S TO OFF		ID DIRECT	ORS IN 12	
TITLE	D	DELETE		TLE	-	Γ					Change		
NAME	· •	<u></u>										~ <i>,</i>	
STREET ADDRESS	MILER, JOHN W 18775 SE RIVER RIDGE RD		135	TREET	ADDRESS	617	N.OR.	ANGE	AVE	-50	ITE (	2~6	
	TEQUESTA FL 33469		140	TY.S	T-7IP	JU	PITTIN	FL	33	458			
CITY-ST-ZIP TITLE	TEGOLOTA TE SOTOS	☐ DELETE	2.1 17	TLE				<u>, , , , , , , , , , , , , , , , , , , </u>		<del></del>	Change	Addition	
NAME			22 N	AME									
STREET ADDRESS			2.3 8	TREET	ADDRESS				<del>.</del>	-			
CITY-ST-ZIP			2.40	:ПY-\$	T-ZIP								
TITLE		☐ DELETE									☐ Change	Addition	
NAME			3.2 N	AME									
STREET ADDRESS			3.3 \$	TREET	TADDRESS								
CITY-ST-ZIP			3.4. 0	ITY-S	T- ZIP								
TITLE		☐ DELETE	4.1 TI	TLE			•••				☐ Change	Addition	
NAME			4. 2 N	IAME									
STREET ADDRESS			4.3 S	TREE	T ADDRESS								
CITY-ST-ZIP				ITY-S	T-ZIP	<u> </u>							
TITLE		☐ DELETE									Change	e ☐ Addition	
NAME			5.2 N										
STREET ADDRESS					FADDRESS								
CITY-ST-ZIP		<u> </u>		ITY-S	T-ZIP	ļ						Lands-	
TITLE		☐ DELETE				1					Change	Addition	
NAME			6.2 N		<b></b>				:				
STREET ADDRESS			6.3 S	TREET	TADDRESS	1							

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 oranged on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: