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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000096510** (8)

SARASOTA ALE HOUSE AND RAW BAR, INC.

APPROVED AND FILED

1997 MAY 30 PN 12: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| Principal Place 612 N ORANGE SUITE C-6 JUPITER FL 33 | | 612 N ORAN SUITE C-6 | Mailing Address 612 N ORANGE AVE SUITE C-6 JUPITER FL 33458-5023 | | | | | | | |
|---|---|---|--|--|------------------------|--|---|-----------------------|----------------------------|--------------------------------|
| | | | | | | | 3. Date Incorporated or Qualified 11/21/1996 | 3a. D. | ate of Last f | Report |
| 2. Principal F | Place of Business | 2a. Mailing | Address | | | · | 4. FEI Number | | I A | pplied For |
| 21 | | 26 | | | | | 65-070770 | 9 | | ot Applicable |
| Suite, Apt. | #, etc. | · | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional |
| 22 | | 27 | | | | | Our inicate or Status Desired | | Fee R | equired |
| City & Stat | le | Gily & S | tale | | | | 6. Election Campaign Financing | | | May Be |
| Zip | T Countrie | 28 | | | | | Trust Fund Contribution | <u>. [_]</u> | | to Fees |
| 24] | Country 25 | 7ip | } | Countr 30 | У | | 8. This corporation has liability for i Florida Statutes | | tax under : | s. 199.032, |
| <u> </u> | 9. Name and Address of Cure | | | 301 | | | 10. Name and Address of New Re | | | |
| MI I | ER, JOHN W | | | 81 | i N | lame | | , | | |
| | N ORANGE AVE | | | | | troot A-1-1- | os (O.O. Bou Number to Net Account | le) | | |
| | TE C-6 | | | 62 | Street Addre | | ess (P.O. Box Number is Not Acceptable) | | | |
| | ITER FL 33458 | | | 63 | 3 | | | | | |
| | | | | 84 | 1- | ity | | | OE 7:0 | Code |
| | | | | •• | Ί ΄ | ···r.y | | FL | 85 Zip | Code |
| office or agent. I a | to the provisions of Sections 607.0 registered agent, or both, in the Stam familiar with, and accept the ob | ate of Florida. Such ligations of, Section | Florida Statute change was at 607.0505, Flor | is the abov uthorized b rida Statute | ve-na by the es. | amed corpor e corporatio | ration submits this statement for the p n's board of directors. I hereby accep | urpose o t the app | t changing pointment as | its registered s registered |
| | Signature, typed or printed name of registered | | (NOTE | | gent sig | gnalure required | when reinstaling) | DATE | | |
| 12. | OFFICERS A | AND DIRECTORS | DELETE | 13. | | | ADDITIONS/CHANGES TO OFFIC | ERS ANI | | |
| TITLE NAME | MILLER, JOHN W | ŧ |) טבנכוב | 1.1 TITLE 1.2 NAME | | | 2000021 | 97 | Change | |
| STREET ADDRESS | 18775 SE RIVER RIDGE ROA | ND. | | 1.3 STREE | | 01.00 | -06/02/9 | $\tilde{7}0$ | 1052 | 001 |
| CITY-ST-ZIP | TEQUESTA FL 33469 | • | | 1.3 SINCE | | | ***6105 | | ****1 | |
| TITLE | | | DELETE | 2.1 TITLE | 31. 311 | <u>' </u> | | | Change | Addition |
| NAME | | _ | | 2.2 NAME | | | • | | | |
| STREET ADDRESS | | | | 2.3 STREE | T ADD | RESS | | | | |
| CITY-ST-ZIP | | | | 2. 4 CITY- | | | | | | |
| TITLE | | | DELETE | 3.1 TITLE | | - | | | Change | ☐ Addition |
| NAME | | | | 3.2 NAME | | | | | | |
| STREET ADDRESS | | | | 3.3 STREE | T ADD | RESS | | | | |
| CITY-ST-ZIP | | | | 3.4. CITY- | <u>- ST</u> - ZI | IP. | | | | |
| TITLE | | | DELETE | 4.1 TITLE | | | | | Change | ☐ Addition |
| NAME | | | | 4. 2 NAME | | | | | | |
| STREET ADDRESS | | | | 4.3 STREE | dda i. | RESS | | | | |
| CITY-ST-ZIP | | | | 4.4 CITY - | ST-716 | Р | | | | |
| TITLE | | L | DELETE | 5 1 TITLE | | | | | Change | Addition |
| NAME | | | | 52 NAME | | | | | | |
| STREET ADDRESS | | | | 53 STREE | T ADD | RESS | | | | |
| CITY-ST-ZIP | | · | 55.55 | 54 CITY- | ST - ZIF | p | | | | |
| TITLE | | Ĺ | DELETE | 61111LF | | | | | ☐ Change | |
| NAME | | | | 62 NAME | | | | | PL. | Y ODY' ' |
| STREET ADDRESS | | | | 63 STREE | | | | | | /\D' |
| CITY-ST-ZIP | | | | 6.4 CITY-1 | ST-7iF | 9 | | | v | U. |

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 emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of or on an attachment with an address.

CIGNATURE.

17-1-743-7299