03-01-1999 90176 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000041920

ALE HOUSE DEVELOPMENT, INC.

Dringinal	Diaca	ωf	Business	
Fillicipal	1 lace	v	through 1000	

Mailing Address

612 N. ORANGE AVE., STE, C-6

612 N. ORANGE AVE., STE, C-6



JUPITER FL 334	58	JUPITER FL 33458				DO NOT WRITE IN THIS SPACE						
					F	3. Date Incorp	orated or Qu	ıalifed				_
						05/08/19	97					
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Numbe	r				Applie	ed For
21		26				65-07486	392				Not A	pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate o	f Status Des	ired		\$8.7 Fee	5 Add Requ	
City & State	9	City & State				6. Election Ca	mpaign Fina	ncing		\$5.0	00 ма	av Be
23		28					Contribution	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ed to F	,
Zip	Country	Zip	Coun	try		8. This corpor	ation owes th	ne current y			ı.	/
24	25	29 3	30				operty Tax.			☐ Yes		No
	9. Name and Address of Current	Registered Agent				10. Name and	Address of	New Regis	tered A	Agent		
	ED 10111111			B1 Nan	ne							
	ER, JOHN W		ŀ	B2 Stre	et Address	s (P.O. Box Nur	nber is Not A	(cceptable)				
	N. ORANGE AVE., STE. C-6											
JUPI	TER FL 33458			83								
				84 City	,					85 2	Zip Cod	de
									FĻ	<u> </u>		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was aut	thorized	by the co	ed corpora orporation's	ation submits thi s board of direct	s statement lors. I hereby	for the purp y accept the	ose of e appoin	changing itment as) its re s regis	gistered tered
SIGNATURE												
	Signature, typed or printed name of registered agent		_	gent signatu	ure required wh	hen reinstating)	OLIANOEO:		ATE AN	D DIDE	TOD	2 IN 12
12.	OFFICERS AND	DELETE	13.	<u> </u>	<u> </u>	ADDITIONS	CHANGES	10 OFFICE	KS AN	Chan		Addition
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NAME	MILLER, JOHN W		1 2 NAM	1E 	00 617	N. OR	ANGE	AVE	-5	UITE	ZC	-6
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NAME				"⊏ REET ADORE	=99							ļ
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STREET ADDRESS			6.3 STF	REET ADDRE	ESS				•		•	
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP								

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 truetee 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.

SIGNATURE: