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

OCUMENT # P98000025345

Mailing Address

Corporation Name

rimcipal Flace of Business

LATING SC

ST-ZIP

BRADENTON ALE HOUSE AND RAW BAR, INC.

N ORANG FL 33	E AVE. SUITE C-6 9458	612 N ORANGE JUPITER FL 3345		3		DO NO	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Q				
						03/17/1998				
Principal Place of Business 2a. Mailing Address			ess			4. FEI Number		\neg	IA	oplied For
		26				65-08194	7/	Ì	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_			\$8	.75	Additional
•		27				5. Certificate of Status Des	sired	_ [Fee R	equired
City & State City & State					6. Election Campaign Fina	ancing	\$	5.00	May Be	
		28				Trust Fund Contribution	1 <u></u>		dded	to Fees
Zip	Country	Zip		Count	try	8. This corporation owes t	he current year li			_
	25	29	30			Personal Property Tax.		X		No
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of	New Registered	i Ageni	<u>t </u>	
A 411 2	CD TOTAL M			{	Name	9				
	ler, John W N Orange Ave, Suite C-6			1	32 Stree	t Address (P.O. Box Number is Not	Acceptable)			
JUP	ITER FL 33458			1	13					
				_					,	
				[14 City		F!	85	Zip	Code
	Signature, typed or printed name of registere	S AND DIRECTORS	<u>-</u>	13.	gent signature	a required when reinstating) ADDITIONS/CHANGES	TO OFFICERS A	ND DIF	RECTO	ORS IN 12
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-	MILLER, JOHN W			1.2 NAM	E					
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FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90181 023 ***150.00

☐ Change

Addition

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 chi

54 CITY-ST-ZIP

61 TITLE

6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE