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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000107072

DIVISION OF CORPORATIONS

Apr 13, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

04-13-1999 90064 040 ***150.00

	ALES, INC.				•					
Principal Plac	e of Business	Mailing Address	····					I 1 00 11 6011	(B100	
7241 NW 46 STREET 7241 NW 46 STREET AUDERHILL FL 33319 LAUDERHILL FL 33319									,	
							ITE IN THIS	SPACE		
						 Date Incorporated or Qualifed 12/23/1998 	,			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		ΙΑ	Applied For	
21		26			•	65-09069	45	<u> </u>	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional	
22		27				3. Certificate of Status Desired	<u>.</u>	Fee F	Required	
City & State		City & State				6. Election Campaign Financing			May Be	
23		28		unta e		Trust Fund Contribution			to Fees	
Zip	Countrý	Zip		intry		This corporation owes the cur Personal Property Tax.		ngible □Yes	(4No	
24	9. Name and Address of Currer	29	30			10, Name and Address of New			<u> </u>	
	3. Name and Address of Outlet	it registered Agent		81 Name		70, 1121119 4112				
THOM	MPSON, RUSSELL M	•		50 China	4.8.1.1	- (D.O. Bay Number in Net Assess	table)			
	NW 46 STREET			82 Stree	i Addre	ss (P.O. Box Number is Not Accept	table)			
LAUD	ERHILL FL 33319			83			···		- -	
				84 City				85 Zip	Code ·	
				City			FL	65 24		
agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Stat	utes.	porauon	13 board of an octors. Thereby book	opraid appoin		05.0.0.00	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered	Agent signature	required v	when reinstating)	DATE			
SIGNATURE	_*	nt and title if applicable. (NO ID DIRECTORS	TE: Registered	Agent signature		ADDITIONS/CHANGES TO OF	FFICERS AND			100
•	_*				Pro	ADDITIONS/CHANGES TO OF	FFICERS AND	DIRECT		100,447
12.	OFFICERS AN	ID DIRECTORS	13.	TLE	Pro	ADDITIONS/CHANGES TO OF	FFICERS AND			(00,44)
12 .	OFFICERS AN	ID DIRECTORS	13. 1.1 Ti 1.2 N	TLE	Pro	ADDITIONSICHANGES TO OF esident/Director ASSELL M Thomps	FFICERS AND			(001777
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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 of suppliemental 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 of 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: