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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V38011

(5)

ALE HOUSE CHARTERS, INC.

APPROVED AND FILED

1997 MAY 30 PM 1: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principa! Place of Business 612 N. ORANGE AVE. STE C8 JUPITER FL 33458 US		Mailing Address				U 19011 OLIBON IIIOF IRIEF BOIDT IIDƏI IIOL DINII DIDEF BIÐII OLDII NEDIC OJUH KADI			
		612 N. ORANGE AVE. STE C6 JUPITER FL 33458-5023							
		JUPITER FL 33458-5023 US	•••			Date Incorporated or Qualified			
						05/20/1992		15/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			lied For	
21		26			65-0381420 Not Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Ad	-
22		City & State						Fee Req	
City & State		} 			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 Zip	Country	Zip Country			This corporation has liability for in	L			
24	25	29	30	· y			Yes 🏖		199.032,
	9. Name and Address of Current		1201			10. Name and Address of New Reg			
Mili	LER JOHN W			B1	Name				
	75 SE RIVER RIDGE ROAD		}	82	Strace Add	et Address (P.O. Box Number is Not Acceptable)			
	UESTA FL 33469		ŀ	02	SHEEL AGG				
			Ì	83					
			}	84	City			85 Zip Co	nde
					,		FL		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obliga	of Florida. Such change was a	authorized	d by	the corporal	poration submits this statement for the pition's board of directors. I hereby accep	urpose of t the appo	changing its of cintment as re	registered agistered
SIGNATURE	-								
12.	Signature, typed or printed name of registered agen OFFICERS AND		13.	1 Age	nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ES AND	DIRECTORS	IN 12
TITLE	D	DELETE	_	1.) TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_	Addition
NAME	MILLER, JOHN W		1.2 N/					_ ,	_
STREET ADDRESS	ANTIC OF DIVER MIDGE DD			1.3 STREET ADDRESS					ŀ
CITY-ST-ZIP	TEQUESTA FL		1.4 CII	[Y - S]	T - ZIP				
TITLE		DELETE	2.1 TIT			100002197		Change	Addition
NAME			2.2 NA	ME				4 5 0 1 ~	``````````````````````````````````````
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NAME			3.2 NA	ME					
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NAME			4 2 NJ	4ME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
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TITLE		☐ DELETE	5.1 111					Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET	ADDRESS				
CITY-ST-ZIP			5.4 CIT		1-7IP			<u></u>	
TITLE		DELETE	G.1 TIT					Change	Addition
NAME			6.2 NA		İ			NB	K WAY
STREET ADDRESS			6.3 ST	REET	ADDRESS			"l	יישו
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14. I do hereby certify that the information supplied with this filing does not quality 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanged, or on an attachment with an address.