

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

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May 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000066286 (3)

1. Corporation Name
O'RIORDAN ENTERPRISES, INC.



Principal Place of Business
8706 N RIVER BLVD
TAMPA FL 33604

Mailing Address
6706 N RIVER BLVD
TAMPA FL 33604-6050

3. Date Incorporated or Qualified 09/02/1994
3a. Date of Last Report 06/17/1996

2. Principal Place of Business
21 6706 N. River BLVD.
22 Suite, Apt. #, etc.

2a. Mailing Address
26 6706 N. River BLVD.
27 Suite, Apt. #, etc.

4. FEI Number 65-0533361
Applied For Not Applicable

23 TAMPA FL
24 33604
25 Hillsborough

28 TAMPA FL
29 33604
30 Hillsborough

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
O'RIORDAN, OLIVER
8706 N RIVER BLVD
TAMPA FL 33604

10. Name and Address of New Registered Agent
81 Name O'RIORDAN, OLIVER J.
82 Street Address (P.O. Box Number is Not Acceptable) 6706 N. RIVER BLVD.
83
84 City TAMPA FL
85 Zip Code 33604

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *X O'Riordan J.* DATE: 5-22-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	O'RIORDAN, OLIVER	Deceased
STREET ADDRESS	6706 N RIVER BLVD	
CITY - ST - ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	O'RIORDAN, HELEN J	
STREET ADDRESS	6706 N RIVER BLVD	
CITY - ST - ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	O'RIORDAN, OLIVER J	
STREET ADDRESS	1910 E CRENSHAW	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	O'RIORDAN, OLIVER J.	Deceased
1.3 STREET ADDRESS	6706 N RIVER BLVD	
1.4 CITY - ST - ZIP	TAMPA, FL 33604	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	O'RIORDAN, OLIVER J.	
3.3 STREET ADDRESS	6706 N. RIVER BLVD.	
3.4 CITY - ST - ZIP	TAMPA, FL 33604	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 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.

SIGNATURE: *X O'Riordan J.* DATE: 5-22-97 (913) 238-9662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)