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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P94000066286

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90094 001 ***150.00

1. Corporation Name	
O'RIORDAN ENTERPRISES, INC.	
	1 1821 1831 1831 1831 1831 1831 1831 183

Principal Place	e of Business	Mailing Address		(
6706 N. RIVER	_ ·	6706 N RIVER BLVD.				
TAMPA FL 3300	64	TAMPA FL 33604 US		DO NOT WRIT	E IN THIS SPACE	
000		00		3. Date Incorporated or Qualifed		
}				09/02/1994		1
2 Principal P	lace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied I	For
	N. NEBRASKAA		,	65-0533361	Not Appl	licable
Suite, Apt.		Suite, Apt. #, etc.	.9/		\$8.75 Additio	nal
22	*	27	\mathcal{M}_{i}	5, Certificate of Status Desired	Fee Required	<u>, </u>
City & Stat	e	City & State	0	6. Election Campaign Financing	\$5.00 May t	Be
23 7 An		28		Trust Fund Contribution	Added to Fee	s
Zip 24 336	Country	Zip	Country	8. This corporation owes the curre		
24 336	.04 25 USA	29 3	<u>o</u>	Personal Property Tax.	Yes No	<u></u> _
ļ	g Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Ro	gistered Agent	
ופים	ODAN, OLIVER J		81 Name		•)
1	S N RIVER BLVD.		82 Street Add	Iress (P.O. Box Number is Not Acceptate	BUA AVE	
1	PA FL 33604		70/	DO N. NIBLA	SILA AVE	
I Olai	TATE 33004		83			{
			84 City	9774 00 81	FL 85 Zip Code	
		·		YAVUIPA	/ /65-	24
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes of Florida, Such change was aut	, the above-named corp horized by the corporati	poration submits this statement for the pion's board of directors. I hereby accept	turpose of changing its regist	erea
						3U 1
agent. i a	m familiar with and accept the obligat	tions of Section 607.0505, Florid	la Statutes.	,		1
1	to the provisions of Sections 607,0502 registered agent, or both, in the State of m familiar with and accept the foligate	CX4/1			1-4-99	
SIGNATURE	Signature, typed or printed name of registered agent	tt and title if applicable. (NOTE R	egistered Agent signature require	ed when reinstating)	1-4-99 DATE	_
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE: R	egistered Agent signature require		DATE SAND DIRECTORS IN	112
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS ANI	tt and title if applicable. (NOTE R	egistered Agent signature require 13. 1.1 TITLE	ed when reinstating)	DATE SAND DIRECTORS IN	_
SIGNATURE 12. TITLE NAME	Signsture, typed or printed name of registered agen OFFICERS ANI S O'RIORDAN, HELEN J	nt and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME	ed when reinstating)	DATE SAND DIRECTORS IN	112
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signsture, typed or printed name of registred agen OFFICERS ANI S O'RIORDAN, HELEN J 6706 N RIVER BLVD	nt and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating)	DATE SAND DIRECTORS IN	112
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS ANI S O'RIORDAN, HELEN J 6706 N RIVER BLVD TAMPA FL	nt and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating)	DATE - 97 ICERS AND DIRECTORS IN	112 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS ANI S O'RIORDAN, HELEN J 6706 N RIVER BLVD TAMPA FL P	nt and title if applicable. (NOTE: R	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ed when reinstating)	DATE - 97 ICERS AND DIRECTORS IN	112
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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 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, with all other like empowered.

SIGNATURE: