

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

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

02-24-1999 90094 001 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000066286**

1. Corporation Name  
**O'RIORDAN ENTERPRISES, INC.**

Principal Place of Business <b>6706 N. RIVER BLVD. TAMPA FL 33064 US</b>	Mailing Address <b>6706 N RIVER BLVD. TAMPA FL 33604 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7000 N. NEBRASKA AVE</b>	2a. Mailing Address 26 <b>Suite, Apt. #, etc.</b>
22 Suite, Apt. #, etc.	27 <b>Suite, Apt. #, etc.</b>
23 City & State <b>TAMPA, FL</b>	28 City & State <b>TAMPA, FL</b>
24 Zip <b>33604</b>	25 Country <b>USA</b>
29 Zip	30 Country

3. Date Incorporated or Qualified <b>09/02/1994</b>	4. FEI Number <b>65-0533361</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**O'RIODAN, OLIVER J  
6706 N RIVER BLVD.  
TAMPA FL 33604**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>7000 N. NEBRASKA AVE</b>
83
84 City <b>TAMPA</b>
85 Zip Code <b>FL 33604</b>

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: *Oliver J O'Riordan* (NOTE: Registered Agent signature required when reinstating) DATE: **1-4-99**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>S</b>	<input checked="" type="checkbox"/>
NAME	<b>O'RIORDAN, HELEN J</b>	
STREET ADDRESS	<b>6706 N RIVER BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>O'RIORDAN, OLIVER J</b>	
STREET ADDRESS	<b>6706 N RIVER BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *Oliver J O'Riordan* (NOTE: Registered Agent signature required when reinstating) DATE: **1-4-99** (813) 238-9662

CR2E034 (1/98)