

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 PM 12:16

DOCUMENT # **P94000092827 (2)**

1. Corporation Name

SHAMROCK PUBS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3154 VIA POINCIANA
APT. 403
LAKE WORTH FL 33467

3154 VIA POINCIANA
APT. 403
LAKE WORTH FL 33467

3. Date Incorporated or Qualified 3a. Date of Last Report

12/21/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

4. FEI Number

65-0542705

Applied For
Not Applicable

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 R 199.037
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLAZER, DANIEL S
3154 VIA POINCIANA
APT. 403
LAKE WORTH FL 33467

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GLAZER, DANIEL S
STREET ADDRESS 3154 VIA POINCIANA APT. 403
CITY - ST - ZIP LAKE WORTH FL 33467

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE D
NAME GLAZER, PAULA K
STREET ADDRESS 3154 VIA POINCIANA APT. 403
CITY - ST - ZIP LAKE WORTH FL 33467

21 TITLE Change Addition
22 NAME D
23 STREET ADDRESS MATHEWS, KEVIN M.
24 CITY - ST - ZIP 1193 KANE DRIVE
PORT ORANGE, FL 32119

TITLE D
NAME REILLY, JOHN J
STREET ADDRESS 619 ALLEN AVE.
CITY - ST - ZIP DELRAY BEACH FL 33483

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE D
NAME CONNOLLY, JOHN G
STREET ADDRESS 651 SE 15TH AVE. APT. E-404
CITY - ST - ZIP BOYNTON BEACH FL 33435

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 hereof, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] DANIEL S GLAZER, DIR 5/24/95 404-768-1919