

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000092827 (2)**

1. Corporation Name
SHAMROCK PUBS, INC.



Principal Place of Business: **3154 VIA POINCIANA APT. 403 LAKE WORTH FL 33467**
Mailing Address: **3154 VIA POINCIANA APT. 403 LAKE WORTH FL 33467**

3. Date Incorporated or Qualified: **12/21/1994**
3a. Date of Last Report: **06/19/1995**

21	2. Principal Place of Business	2a	2a. Mailing Address	4	FEI Number 65-0542705	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	7	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	29	Country			

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				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GLAZER, DANIEL S			1.2 NAME	GLAZER, PAULA K.		
STREET ADDRESS	3154 VIA POINCIANA APT. 403			1.3 STREET ADDRESS	3154 VIA POINCIANA APT. 403		
CITY-ST-ZIP	LAKE WORTH FL 33467			1.4 CITY-ST-ZIP	LAKE WORTH, FL 33467		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATHEWS, KEVIN M.			2.2 NAME			
STREET ADDRESS	1133 KANE DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REILLY, JOHN J			3.2 NAME			
STREET ADDRESS	619 ALLEN AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33483			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNOLLY, JOHN G			4.2 NAME			
STREET ADDRESS	651 SE 15TH AVE. APT. E-404			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33435			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 119.07(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 if changed, on an attachment with an address.

SIGNATURE: DANIEL S. GLAZER 4-13-96 407-968-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)