

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

FILED

**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33467-1833
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3. Date Incorporated or Qualified 12/21/1994	3a. Date of Last Report 04/17/1996
4. FEI Number 65-0542705	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2717 N. FEDERAL HWY. Suite, Apt #, etc.	2a. Mailing Address 26 Suite, Apt #, etc.
22 City & State 23 DELRAY BEACH, FL	27 City & State 28 City & State
24 33483 25 USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent GLAZER, DANIEL S 3154 VIA POINCIANA APT. 403 LAKE WORTH FL 33467	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GLAZER, DANIEL S		1.2 NAME	
STREET ADDRESS 3154 VIA POINCIANA APT. 403		1.3 STREET ADDRESS	
CITY-ST-ZIP LAKE WORTH FL 33467		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE VP/D	<input checked="" 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 S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REILLY, JOHN J		3.2 NAME	
STREET ADDRESS 619 ALLEN AVE.		3.3 STREET ADDRESS 8010 AMBACH WAY	
CITY-ST-ZIP DELRAY BEACH FL 33483		3.4 CITY-ST-ZIP HYPOLUXO, FL 33462	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE T/D	<input checked="" 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 2564 LAKE HAVEN R.D.	
CITY-ST-ZIP BOYNTON BEACH FL 33435		4.4 CITY-ST-ZIP WEST PALM BEACH, FL 33415	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GLAZER, PAULA K.		5.2 NAME	
STREET ADDRESS 3154 VIA POINCIANA APT 403		5.3 STREET ADDRESS	
CITY-ST-ZIP LAKE WORTH FL		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 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: DANIEL S. GLAZER 4-21-97 561-965-6286
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)