

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

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90022 004 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000059403**

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



Principal Place of Business 13211 N. NEBRASKA AVENUE SUITE C TAMPA FL 33612	Mailing Address 13211 N. NEBRASKA AVENUE SUITE C TAMPA FL 33612
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6621 N. Central Ave</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>6621 N. Central Ave</b> Suite, Apt. #, etc. 27
City & State 23 <b>Tampa FL</b>	City & State 28 <b>Tampa, FL</b>
Zip Country 24 <b>33604 USA</b>	Zip Country 29 <b>33604 USA</b>

3. Date Incorporated or Qualified <b>07/02/1998</b>	4. FEI Number <b>59-3519 704</b>	Applied For 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 checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**O'RIORDAN, JOSEPH**  
 13211 N. NEBRASKA AVENUE  
 SUITE C  
 TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name <b>Joseph O'Riordan</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83 <b>6621 N. Central Ave</b>
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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'RIORDAN, JOSEPH</b>		1.2 NAME	<b>Joseph O'Riordan</b>	
STREET ADDRESS	<b>13211 N. NEBRASKA AVENUE, SUITE C</b>		1.3 STREET ADDRESS	<b>6621 N. Central Ave</b>	
CITY-ST-ZIP	<b>TAMPA FL 33612</b>		1.4 CITY-ST-ZIP	<b>Tampa, FL 33604</b>	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			2.2 NAME	<b>William Rutter</b>	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<b>Secretary and Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME	<b>Heather O'Riordan</b>	
STREET ADDRESS			3.3 STREET ADDRESS	<b>6621 N. Central Ave</b>	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	<b>Tampa, FL 33604</b>	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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 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: **Heather O'Riordan** **1-11-99** **813-234-8800**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)