FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 8:09

DOCUMENT # 177649 (1)

1. Corporation Name
KILLARNEY CORPORATION, INC.

Principal Place of Business	Mailing Address
1791 KILLARNEY DR P. O. BOX 2025 WINTER PARK FL 32789 US	300 E CHURCH ST #219 PO BOX 2025 WINTER PARK FL 32790-2025 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1954
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: P.O. Box 2025
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: Winter Park FL
Zip — 24 | Country — 25
Zip — 29: 32790-2025 | Country — 30: US

4. FEI Number: 59-0713615 ☐ 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 S. 199.032, Florida Statutes* ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CLK CIRCUT CT OF ORANGE CTY
ORLANDO FL

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BESKE,STANLEY	12 NAME	
STREET ADDRESS	300 E CHURCH ST #1219	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	BESKE,ROBERT S	22 NAME	
STREET ADDRESS	1791 KILLARNEY DR.	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☑ Change ☐ Addition
NAME	GREISMAN, SIDNEY	32 NAME	Greisman, Sidney
STREET ADDRESS	225 N MICHIGAN AVE#1830	33 STREET ADDRESS	"Delete"
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	DOWNEY, JESSIE	42 NAME	
STREET ADDRESS	102 ESSEX CT	43 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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, or on an attachment with an address.

SIGNATURE: Jessie Downey Jessie Downey 4/11/95 407-645-2710
SIGNATURE AND TYPED OR PRINTED NAME OF D/R/O OFFICER OR DIRECTOR — Date — Daytime Phone #

0061726 CP