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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 177649

(1)

KILLARNEY CORPORATION, INC.

Delication of Disease	a CD with the control of the control	Mailing Address			#1817 WINE! #1911 B!#11 BID!		
Principal Place of Business 1791 KILLARNEY DR P. O. BOX 2025 WINTER PARK FL 32789 US		Mailing Address P O BOX 2025 PO BOX 2025 WINTER PARK FL 32790-2025 US					
				3. Date Incorporated or Qualified 03/05/1954	3a. Date of Last F	Report	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number		pplied For	
21		26		59-0713615	N	ot Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	1.7	Additional	
22		27				equired	
City & State	e	City & State		Election Campaign Financing Trust Fund Contribution		May Be to Fees	
23	Country	28	Country	B. This corporation has liability for i			
Zip	25		30		ZiYes ☐ No	b. 155.032,	
24	9. Name and Address of Curr		30	10. Name and Address of New Re			
CLK	CIRCUT CT OF ORANGE CT	1	81 Name	Inhaut Backs			
	ANDO FL	'	82 Street	Lobert Beske Address (P.O. Box Number is Not Acceptab	nle)		
OnL	MIDOIL		2 3119		Deive		
			83	II CHILLIAN CONTRACTOR	N. IA.		
			"	9			
			84 City	<i>1</i> , 3, 0, 4	FL 85 Zip	Code	
		roo d CO7 4500 Flerida Cast to	W the should named	corporation submits this statement for the r		L789	
11. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607.1508, Florida Statute ⊯e of Florida. Such change was a	as, the above-hamed luthorized by the corp	corporation submits this statement for the poration's board of directors. I hereby acceptance	pt the appointment a	s registered	
agent 1st	m family with and secept lie to	ligations of Section 607.0505, Flo	orida Statutes.		امالا		
agencira	- V ///////				-1 1 Ci Las .		
SIGNATURE,	Salut XT	elle			1/9/97		
SIGNATURE	Signature: typed or product name of registered	agent and title I applicable (NOTE	E Registered Agent signature	required when re-instating)	1/4/97 DATE	RS IN 12	
SIGNATURE	Stgr ature: typest or product name of registered OFFICERS A	agent and title I applicable (NOTE AND DIRECTORS	Hegistered Agent signature		1/4/97 DATE		
SIGNATURE 12.	Signature: typical or predicting and of registered OFFICERS /	agent and title I applicable (NOTE	E Registered Agent signature	required when re-instating)	DATE 197 DERS AND DIRECTO		
SIGNATURE 12. TILE NAME	Signature: typed or predecinary of registered OFFICERS / PD BESKE,STANLEY	agent and title I applicable (NOTE AND DIRECTORS	E Registered Agent signature 13. 11 TITLE 12 NAME	required when re-instating)	DATE 197 DERS AND DIRECTO		
12. TILE NAME STREET ADDRESS	Stor duric typed or product came of registered OFFICERS A PD BESKE,STANLEY 300 E CHURCH ST #1219	agent and title I applicable (NOTE AND DIRECTORS	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS	required when re-instating)	DATE 197 DERS AND DIRECTO		
SIGNATURE 12. TILE NAME SIREH ADDRESS CITY-SI-ZIP	Signature typed or prelied came of registered OFFICERS / PD BESKE,STANLEY 300 E CHURCH ST #1219 ORLANDO FL	agent and title I applicable (NOTE AND DIRECTORS	E Registered Agent signature 13. 11 TITLE 12 NAME	required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE 197 DERS AND DIRECTO	Addition	
12. TILE NAME STREET ADDRESS CITY-ST-ZIP TILE	PD BESKE,STANLEY 300 E CHURCH ST #1219 ORLANDO FL. VSD	agent and bite 1 applicable (NOTE AND DIRECTORS DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE 197 CERS AND DIRECTO	Addition	
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SIGNATURE 12. TILE NAME SIRELI ADDRESS CITY-SI-ZIP TITE NAME SIRELI ADDRESS	PD BESKE,STANLEY 300 E CHURCH ST #1219 ORLANDO FL. VSD BESKE,ROBERT S 1791 KILLARNEY DR.	agent and bite 1 applicable (NOTE AND DIRECTORS DELETE	13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE OF CHANGE	Addition	
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SIGNATURE:

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Apr 16 1997 8:00am

Secretary of State

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