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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 336386

(8)

1. Corporation Name:

O'BRIEN ENTERPRISES, INC.

Principal Place of Business

7995 BOGIE AVE NORTH
ST. PETERSBURG FL 33710
US

Mailing Address

7995 BOGIE AVE N
ST PETERSBURG FL 33710-4319
US



3. Date Incorporated or Qualified

10/14/1968

3a. Date of Last Report

02/07/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

8. Name and Address of Current Registered Agent

O BRIEN, MILDRED P
7995 BOGIE AVENUE NORTH
ST PETERSBURG FL 33710

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

Signature, type or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT
NAME O BRIEN, GERARD J JR.
STREET ADDRESS 7995 BOGIE AVE. NORTH
CITY - ST - ZIP ST PETERSBURG FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE SD
NAME O BRIEN, MILDRED P
STREET ADDRESS 7995 BOGIE AVE. NORTH
CITY - ST - ZIP ST PETERSBURG FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE VD
NAME O'BRIEN, CHRISTOPHER
STREET ADDRESS 220 LOCUST ST #23C
CITY - ST - ZIP PHILADELPHIA PA

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE VD
NAME O'BRIEN, BARTON
STREET ADDRESS 959 ARLINGTON RD
CITY - ST - ZIP REDWOOD CITY CA

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE SD
NAME CARLOTTA, O'BRIEN TIGHE
STREET ADDRESS P.O. BOX 598
CITY - ST - ZIP KOLOA HA

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

SD
TIGHE, CARLOTTA O'BRIEN
7401 W. WASHINGTON AVENUE, #5-2143
LAS VEGAS, NEVADA 89128

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:

Mildred P. O'Brien
Signature and typed or printed name of signing officer or director

1/9/97 813-345-4884
Date Daytime Phone #

CR2E034 (9/96)