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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 03 1998 8:00am Secretary of State

DOCUMENT # 520674 (3) IRISH WINDJAMMER, INC.						**************************************		
	:							
Principal Place of Business Mailing Address								
4390 MORRIS ST. N 4390 MORRIS ST. N								
P. O. BOX 10 ST PETERSBI		ห	P. O. BOX 10237 ST PETERSBURG FL 33733				DO NOT WRITE IN THIS SPACE	
01 151511001	U110 (E 00/0	•	ST PETEROPORG PE 85785				3. Date Incorporated or Qualified	
	_						12/21/1976	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For	
21			26				59-1724213 Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Regulred	
City & Stat	e		City & State					
23			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Zip Country				Country		8. This corporation owes or has paid the current wear Intangible	
24			29	30			Personal Property Tax due June 30. Yes No	
	g, Name	and Address of Curren	Registered Agent				10. Name and Address of New Registered Agent	
AR			81	Name				
4390 MORRIS STREET NORTH ST PETERSBURG FL 33706					62	Street Ac	Address (P.O. Box Number is Not Acceptable)	
					-			
				83				
				84 City		85 Zip Code		
44 Durawant	to the provin	cions of Coctions 607.0500	and 607 1509. Florida Stat	uton the ei		orporation submits this statement for the purpose of changing its registered		
office or r	egistered ag	gent, or both, in the State	of Florida. Such change was	s authorized	d by	the corpor	oration's board of directors. I hereby accept the appointment as registered	
agent. I a	ım familiar w	ith, and accept the obliga	tions of, Section 607.050 5, F	Florida Stat	utes	3 .		
SIGNATURE	Signature, types	d or printed name of registered ager	and title if applicable {No	DTE: Registere	d Age	ent signature re	pulifed when reinstating) DATE	
12.				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC		☐ DELET E	1.1 Tt	1.1 TITLE		Change Addition	
NAME	ARLINGTON, CHARLES		1.3		1.2 NAME			
STREET ADDRESS			1.33		REET	ADDRESS		
CITY-ST-ZIP				1.4 CI		T- ZIP		
TITLE	ST APPLINATION SUITABETH S		☐ DELETE	_		į	Change Addition	
NAME	ARLINGTON, ELIZABETH F			2.2 NA				
STREET ADDRESS	AT DETERORISM EL COCCO					ADDRESS		
CITY-ST-ZIP	SIPEI	ERSBURG, FL 00000	☐ DELETE	2.4 C		ST-ZIP	Change I Addition	
TITLE	ROBINSON, GLORIA		₩ NETELE				L] Change L. Addition	
NAME STREET ADDRESS	AREA OF IOLIGINAT DOUBLE			3.2 N/		ADDRESS		
	OT OFTEDODIJDA EL AGGAS			3.4. Cl				
CITY-ST-ZIP TITLE	2		☐ DELET E			11.5711	Change Addition	
NAME				4. 2 NAM				
STREET ADDRESS				4.3 STREET ADDRESS		ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP			4.4 CITY-ST-ZIP		1		
TITLE	ILE .		☐ DELETE	DELETE 5.1 TITLE		1	☐ Change ☐ Addition	
NAME				5.2 NA	ME			
STREET ADDRESS			5.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP				5.4 CITY - ST - ZIP		T-ZIP		
TITLE	LE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME				6.2 NA	ME	İ		
STREET ADDRESS				6.3 ST	REET	ADDRESS		
CITY-ST-ZIP	A18 741 1 22	- Carallana Cara	and the second s	6.4 CF			C-4-0-7000 Florid- Cr. 11 15 11	
14. I nereby of indicated	ceruny that th on this annu	ie information supplied wil Jal report or supplemental	n cas many does not qualify annual report is true and ac	ror (ne exe ccurate and	empt d tha	uon stated at my signa	in Section 119.07(3)(i), Florida Statutes. I further certify that the information ature 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 chapged, or on an attachment with an address CARSETH F. ARLINGTO