

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 684221 (5)
1. Corporation Name
LIMRICK INC.

Principal Place of Business
6900 S.W. 102ND AVENUE
MIAMI FL 33173

Mailing Address
2501 OLD LAKE WILSON RD.
KISSIMMEE FL 34747
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/15/1980

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-2144913		<input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIMON, GARY P. 9100 S DADELAND BLVD STE 504 MIAMI FL 33156				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DS	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARDS, CHRISTIANA			1.2 NAME			
STREET ADDRESS	1150 ROBERT RIDGE CT			1.3 STREET ADDRESS	2501 SAND HILL RD		
CITY-ST-ZIP	KISSIMMEE FL			1.4 CITY-ST-ZIP	KISSIMMEE FL 34747		
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARDS, KERRY			2.2 NAME			
STREET ADDRESS	1150 ROBERT RIDGE CT.			2.3 STREET ADDRESS	2501 SAND HILL RD		
CITY-ST-ZIP	KISSIMMEE FL			2.4 CITY-ST-ZIP	KISSIMMEE FL 34747		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIM, CHRISTOPHER			3.2 NAME			
STREET ADDRESS	1150 ROBERT RIDGE CT.			3.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARDS, KENNETH			4.2 NAME			
STREET ADDRESS	1165 JOHN RIDGE CT			4.3 STREET ADDRESS	2501 SAND HILL RD		
CITY-ST-ZIP	KISSIMMEE FL			4.4 CITY-ST-ZIP	KISSIMMEE FL 34747		
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.

SIGNATURE: P. D. Richards 4-24-98 (115) 791-1007

CR2E034 (10/97)