FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 JUN 20 AM 8:33

DOCUMENT # 743936 (7)

1. Corporation Name
ST. PATRICK'S DAY PARADE COMMITTEE, INC.

Principal Place of Business
13499 BISCAYNE BLVD. STE 216
N MIAMI FL 33181

Mailing Address
13499 BISCAYNE BLVD. STE 216
N MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/16/1978
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1862399 — Applied For / Not Applicable

2. Principal Place of Business
21 ~~MIAMI~~ 401 NE 107th St
22 Suite, Apt. #, etc.
23 City & State: MIAMI FL.
24 Zip: 33161 25 County: DADE

2a. Mailing Address
26 P O Box 531303
27 Suite, Apt. #, etc.
28 City & State: MIAMI SHORES FL
29 Zip: 33153 30 Country:

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
KELLEY, CHRISTOPHER P.
~~8801 BISCAYNE BLVD.,STE.101~~
MIAMI FL ~~33138~~

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable): 11098 BISCAYNE BLVD #205
B3
B4 City: FL B5 Zip Code: 33161

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] CHRISTOPHER P. KELLEY 6/14/95
Signature, typed or printed name of registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	DIRECTOR / SECRETARY	☒ Change ☐ Addition
NAME	NOLAN, FRANK	1.2 NAME		
STREET ADDRESS	851 N.E. 70TH ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	PRESIDENT / DIRECTOR	☒ Change ☐ Addition
NAME	SHELOW, DANNY	2.2 NAME		
STREET ADDRESS	555 N.E. 75TH ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	HICKEY, MAUREEN	3.2 NAME		
STREET ADDRESS	7600 RED ROAD #202	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	CHARLTON, JAMES P.	4.2 NAME		
STREET ADDRESS	7520 S.W. 138TH ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☒ Addition
NAME	WILSON, JAMES R.	5.2 NAME	CONNELL, TOM	
STREET ADDRESS	1050 STILLWATER DR.	5.3 STREET ADDRESS	857 NE 70th St.	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	BOCA RATON, FL	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	KANE, JOHN	6.2 NAME		
STREET ADDRESS	10441 S.W. 99TH ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	6.4 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 617, Florida Statutes; and that my name appears in Block 12 ~~or Block 13~~ if changed, or on an attachment with an address.

SIGNATURE: [signature], President 5/1/95 (305) 949-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045013