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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 760198 (2)

1. Corporation Name
SHAMROCK SOCIETY, INC.



Principal Place of Business Mailing Address
C/O NORBERT C KOENIG 21555 ALTAMIRA AVE BOCA RATON FL 33433
C/O NORBERT C KOENIG 21555 ALTAMIRA AVE BOCA RATON FL 33433-7546

3. Date Incorporated or Qualified 09/28/1981 3a. Date of Last Report 01/25/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2192740 Applied For Not Applicable
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
KOENIG, NORBERT C 21555 ALTAMIRA AVE BOCA RATON FL 33433
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like MCCAFFREY, WILLIAM F., BARRETT, ADELE M., CASHMAN, EILEEN, CARR, EDITH, KOENIG, NORBERT C., and MORGAN, PAUL J.

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Handwritten Signature] Date: Jan 14, 1997 (561) 392-6445 Daytime Phone # 0042096

CR2E037 (9/96)