

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 APR -6 AM 8:37

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760198
1. Corporation Name
SHAMROCK SOCIETY, INC.

Principal Place of Business C/O NORBERT C KOENIG 21555 ALTAMIRA AVE BOCA RATON FL 33433	Mailing Address C/O NORBERT C KOENIG 21555 ALTAMIRA AVE BOCA RATON FL 33433
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/28/1981 4. FEI Number 59-2192740 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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8. Name and Address of Current Registered Agent KOENIG, NORBERT C 21555 ALTAMIRA AVE BOCA RATON FL 33433	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 *Norbert C. Koenig* DATE 1/5/99
Signatures, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCAFFREY, WILLIAM F. 3450 S. OCEAN BLVD., #404 HIGHLAND BEACH FL ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D JUDGE PATRICK BERRY 3212 SOCCAN BLVD #905 HIGHLAND BEACH, FL 33487 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRETT, ADELE M. 1149 S.W. 11TH STREET BOCA RATON FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	John D MR. JOHN GRAS ☒ Change ☐ Addition 17404 SPRING TREE LANE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASHMAN, EILEEN 1941 TERRA MAR DRIVE POMPANO BEACH FL ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	C.D. CARR, EDITH ☒ Change ☐ Addition 1655 ROYAL PALM WAY BOCA RATON, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP CARR, EDITH 1655 ROYAL PALM WAY BOCA RATON FL ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOENIG, NORBERT C. 21555 ALTAMIRA AVENUE BOCA RATON FL ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGA, PAUL J. 1322 SW TAMARIND WAY BOCA RATON FL ☒ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	P. Mrs. STEPHEN A. WARD II ☒ Change ☐ Addition 428 PLAZA REAL #414 BOCA RATON, FL 33432

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

SIGNATURE: *Norbert C. Koenig* DATE 1/5/99 (561) 372-6445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)