

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT 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 -9 AM 9:59

DOCUMENT # H99817 (9)

1. Corporation Name

SHAMROCK CAPITAL CORPORATION

Principal Place of Business

% L.J. MCNEARY
 6425 BIKINI ROAD
 SARASOTA FL 34241

Mailing Address

% L.J. MCNEARY
 6425 BIKINI ROAD
 SARASOTA FL 34241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1986

3a. Date of Last Report

04/18/1994

4. FEI Number

59-1488686

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 185.032, Florida Statutes Yes No

2. Principal Place of Business

21 6425 Bikini Rd

2a. Mailing Address

26 6425 Bikini Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SARASOTA, FL

City & State

28 SARASOTA, FL

Zip

24 34241

Country

25 *

Zip

29 34241

Country

30 *

9. Name and Address of Current Registered Agent

MCNEARY, L.J.
 6425 BIKINI ROAD
 SARASOTA FL 34241

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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

L.J. McNeary

L.J. MCNEARY

6-5-95

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointed)

DATE

12. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

PST
 MCNEARY, L.J.
 6425 BIKINI RD.
 SARASOTA FL 34241

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

VS
 SCHWEICKERT, MAUREEN
 3530 COLONY DR.
 FT. COLLINS FL 80526

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE
 1 2 NAME
 1 3 STREET ADDRESS
 1 4 CITY - ST - ZIP
 2 1 TITLE
 2 2 NAME
 2 3 STREET ADDRESS
 2 4 CITY - ST - ZIP
 3 1 TITLE
 3 2 NAME
 3 3 STREET ADDRESS
 3 4 CITY - ST - ZIP
 4 1 TITLE
 4 2 NAME
 4 3 STREET ADDRESS
 4 4 CITY - ST - ZIP
 5 1 TITLE
 5 2 NAME
 5 3 STREET ADDRESS
 5 4 CITY - ST - ZIP
 6 1 TITLE
 6 2 NAME
 6 3 STREET ADDRESS
 6 4 CITY - ST - ZIP

Change Addition
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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)(b), 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:

L.J. McNeary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L.J. MCNEARY

Date

6-5-95

(Typed Name)

813-378-4758

CR2E034 (3/95)