

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Office of Secretary
1900 Bay Street
Tallahassee, Florida 32304-0001

DOCUMENT # **J19371** (0)

SHAMROCK ACCOUNTING SYSTEMS, INC.

Principal Office of Registrant: **% RONALD G. POTTER**
56 N.W. 9TH STREET
HOMESTEAD FL 33030
US

Mailing Address: **% RONALD G. POTTER**
56 N.W. 9TH STREET
HOMESTEAD FL 33030
US

APPROVED
05/01/1994
CORPORATION
SHAMROCK ACCOUNTING SYSTEMS, INC.

DON'T WRITE IN THIS SPACE

| | | | | | | | | | |
|-------------------------------|----|---------------------|----|---------------------------|----|------------------|----|-------------|----|
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 2. Foreign Name of Registrant | | 2a. Mailing Address | | 2b. State, Apt. # or P.O. | | 2c. City & State | | 2d. Country | |

| | |
|---|--------------------------------|
| 3a. Date for Corporate or 2a. Filer | 3b. Date of Last Report |
| 06/13/1986 | 05/01/1994 |
| 4. FTT Number | Applied For / Not Applicable |
| 59-2678353 | |
| 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. 199.032, Florida Statutes | |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

| | | | | | | | |
|---|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| POTTER, RONALD G 56 N.W. 9TH STREET HOMESTEAD FL 33030 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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: *Ronald G. Potter*

| | | | |
|----------------------------|---|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS, AND DELETIONS IN 12 | |
| 11.1 | PST POTTER, RONALD G 56 N.W. 9TH STREET HOMESTEAD FL | 11.1 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11.2 | | 11.2 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11.3 | | 11.3 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11.4 | | 11.4 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11.5 | | 11.5 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11.6 | | 11.6 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11.7 | | 11.7 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11.8 | | 11.8 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11.9 | | 11.9 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11.10 | | 11.10 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is verifiably furnished and does not qualify for the exemption stated in Section 199.03(4)(a), Florida Statutes. Further, I certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if this is under oath. That I am an officer or director of the corporation at the time of the filing of this report or supplemental report and that my signature shall have the same legal effect as if this is under oath. I am a resident of the State of Florida.

SIGNATURE: *Ronald G. Potter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RONALD G. POTTER

4-27-95