

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J28728 (0)

1. Corporation Name
SHAMROCK TRAVEL, INC.



Principal Place of Business 2700-C UNIVERSITY BLVD. W. #4 JACKSONVILLE FL 32217	Mailing Address 2700-C UNIVERSITY BLVD. W. #4 JACKSONVILLE FL 32217
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/12/1986	4. FEI Number 59-2716332	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BOHANNON, LEAH J 2700-C UNIVERSITY BLOUVELARD, WEST SUITE 4 JACKSONVILLE FL 32217		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

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 _____ DATE _____
Signature: Agent or person name of registered agent and date if applicable. (If the Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	11 TITLE DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DONOVAN, THOMAS W., SR.		12 NAME	
STREET ADDRESS 2700-C UNIVERSITY BL W. JACKSONVILLE FL		13 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		14 CITY-ST-ZIP	
TITLE DV	<input type="checkbox"/> DELETE	21 TITLE DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DONOVAN, JOAN D.		22 NAME	
STREET ADDRESS 2700-C UNIVERSITY BL W. JACKSONVILLE FL		23 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		24 CITY-ST-ZIP	
TITLE DST	<input type="checkbox"/> DELETE	31 TITLE DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WAITS, ROBERT F.		32 NAME	
STREET ADDRESS 2700-C UNIVERSITY BL W. JACKSONVILLE FL		33 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		34 CITY-ST-ZIP	
TITLE DV	<input type="checkbox"/> DELETE	41 TITLE DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WAITS, JOANNE T.		42 NAME	
STREET ADDRESS 2700-C UNIV. BLVD. W. JACKSONVILLE FL		43 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		44 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	51 TITLE V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOHANNON, LEAH J.		52 NAME	
STREET ADDRESS 2700-C UNIV BLVD W JACKSONVILLE FL		53 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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

SIGNATURE: *Leah J Bohannon* **1/26/98** **904-730-0405**

CR2E034 (10/97)