

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 26 AM 9: 04

DOCUMENT # J76694 (5)
1. Corporation Name
IRISH POP. INC.

Principal Place of Business Mailing Address
3850 GULF TO LAKE HWY INVERNESS FL 34453 US **3085 LLOYD ST. INVERNESS FL 34453**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/09/1987	06/01/1994
22 Suite, Apt. #, etc.		27		4. FEI Number	Applied For
23 City & State		28		59-2819990	Not Applicable
24 Zip		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Country		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34452		CITRUS			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POE, GARY A. 103 N. APOPKA AVE. INVERNESS FL 32650				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 607.0508, Florida Statutes.

SIGNATURE: *[Signature]* (PRINT: Registered Agent's signature required when registering) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT	1.1 TITLE	PVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORENTINO, STEPHANIE	1.2 NAME	WILLIAM WINESKI
STREET ADDRESS	3085 LLOYD ST.	1.3 STREET ADDRESS	5671 S. BARCO TERRACE
CITY - ST - ZIP	INVERNESS FL	1.4 CITY - ST - ZIP	INVERNESS FLA 34452
TITLE	SD	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORENTINO, STEPHANIE	2.2 NAME	CAROL ANN SPANGLER FRENCH
STREET ADDRESS	3085 LLOYD ST.	2.3 STREET ADDRESS	5671 S. BARCO TERRACE
CITY - ST - ZIP	INVERNESS FL	2.4 CITY - ST - ZIP	INVERNESS FLA 34452
TITLE	D	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORENTINO, FRANK	3.2 NAME	CAROL ANN SPANGLER FRENCH
STREET ADDRESS	3085 LLOYD ST.	3.3 STREET ADDRESS	5671 S. BARCO TERRACE
CITY - ST - ZIP	INVERNESS FL	3.4 CITY - ST - ZIP	INVERNESS FLA 34452
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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: *Carol Ann Spangler French* June 12, 1995

CR2E034 (3/95)