

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

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Apr 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M74020** (2)

1. Corporation Name  
**SHAMROCK ENTERPRISES OF SARASOTA, INC.**

Principal Place of Business <b>3800 S. TAMiami TRAIL #101 SARASOTA FL 34239</b>	Mailing Address <b>3800 S. TAMiami TRAIL #101 SARASOTA FL 34239-6907</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. <b>#16</b> 22 City & State 23 Zip Country		2a. Mailing Address 25 Suite, Apt. #, etc. <b>#16</b> 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>03/28/1988</b>	3a. Date of Last Report <b>04/18/1996</b>
24		29		4. FEI Number <b>65-0038021</b>	Applied For Not Applicable
26		27		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
28		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
30		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SHANAHAN, DAN 800 HUDSON AVENUE, #101 SARASOTA FL 34238</b>		10. Name and Address of New Registered Agent 81 Name <b>KATHLEEN E. THOMPSON</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>835 S. OSPREY AVE</b> 83 <b>#409</b> 84 City <b>SARASOTA</b> FL 85 Zip Code <b>34236</b>	
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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 *Kathleen E. Thompson, President* DATE **3/31/97**  
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DP	SHANAHAN, GEORGE DANIEL	VP	
STREET ADDRESS	3800 S. TAMiami TR. #101	1.3 STREET ADDRESS	3800 S. TAMiami TR, #16
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	T
NAME	SHANAHAN, MARY E.	2.2 NAME	
STREET ADDRESS	3800 S. TAMiami TR. #101	2.3 STREET ADDRESS	3800 S. TAMiami TR, #16
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	S
NAME	SHANAHAN, BARBARA A.	3.2 NAME	
STREET ADDRESS	3800 S. TAMiami TR #101	3.3 STREET ADDRESS	3800 S. TAMiami TR, #16
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	PRES.	4.1 TITLE	P
NAME	KATHLEEN E. THOMPSON	4.2 NAME	KATHLEEN E. THOMPSON
STREET ADDRESS	3800 S. TAMiami TR, #16	4.3 STREET ADDRESS	3800 S. TAMiami TR, #16
CITY-ST-ZIP	SARASOTA, FL 34239	4.4 CITY-ST-ZIP	SARASOTA, FL 34239
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: *Kathleen E. Thompson* DATE **3/31/97** DAYTIME PHONE **941-953-8267**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)