1. Entity Name       06-19-2001 90006 017 ****61.25         IRISH AMERICAN CENTER, INC.       IRISH AMERICAN CENTER, INC.         Principal Place of Business       Mailing Address         a0 N. etht AVENUE       A0 N. etht AVENUE         HOLLWOOD FL 33021       IN         US       Suite, Apt. #, Bic.         Suite, Apt. #, Bic.       Suite, Apt. #, Bic.         City & State       City & State         Zip       Country         Suite, Apt. #, Bic.       Suite, Apt. #, Bic.         City & State       City & State         Zip       Country         Suite, Apt. #, Bic.       Suite, Apt. #, Bic.         City & State       City & State         Zip       Country         Suite, Apt. #, Bic.       Country         Suite, Apt. #, Bic.       Suite, Appleat For         City & State       Name         Suite, Appleating       State         Zip       Country         Suite, Appleating       State         CURREN, JOHN       Name and Address of New Registered Agent         Name       Street Address (P.O. Box Number is Not Acceptable)         GURREN, JOHN       OHTE         Busines the statement for the purpose of changing its registered Agent depater registered agent, or bok, i	DOCU	MENT # N45258	SINESS REPO				Se	19, ž creta	ry (	of	Stat	e
Principal Place of Business       Mailing Address         Mailing Address       Att M HVBUE         Principal Place of Business       S. Mailing Address         State Apt. R. etc.       Suite Apt. R. etc.         City & State       City & State         Zip      Country         State Apt. R. etc.       Suite Apt. R. etc.         City & State       City & State         Zip      Country         State Apt. R. etc.       Suite Apt. R. etc.         City & State       City & State         Zip      Country         State Apt. R. etc.       Suite Apt. R. etc.         Zip      Country         State Apt. R. etc.       Suite Apt. R. etc.         Zip      Country         State Apt. R. etc.       State Apt. R. etc.         CUPREN, JOHN       State Address of Hew Brightmed Agent         Name and Address of Hew Brightmed Agent       Name and Address of Hew Brightmed Agent         CUPREN, JOHN       State Address (POL Box Number is Not Acceptable)         CUPREN, JOHN       State Address of Hew Brightmed Agent         PLL MOOD TH State       State Address of Hew Brightmed Agent         Preschool Drink State       OCIL Megeend Agent with with Address of Hew Brightmed Agent         Preschool Drin							0	5-19-2001	90006 0	17 *	***61.25	5
CH, 44TH AUBALE INCLIMOOD FL SOOT       CH 44TH AUBALE MOLIMOOD FL SOOT       CH 44TH AUBALE MOLIMOOD FL SOOT         F. Principal Place of Blainess       S. Maling Address         State, Aot, #, etc.       Do NOT WRITE IN THIS SPACE         City & State       City & State         City & State       Country         Zip       Country         Zip       Country         State, Aot, #, etc.       Country         City & State       Country         State, Aot, #, etc.       State, Aot, #, etc.         City & State       Country         City & State       Country         City & State       Country         City & State       Country         CuRREN, JOHN       Strong Address of New Begistered Agent         Name and Address of Current Registered Agent       Name and Address of New Begistered Agent         CURREN, JOHN       Strong Address (P.O. Box Number is Net Acceptable)         OUT WITH AVENUE       Strong Address (P.O. Box Number is Net Acceptable)         CURREN, JOHN       Other Address of New Begistered Agent         HOLLYWOOD FL 33021       Dotted Strong Address of New Begistered Agent         Mark Address of Conduct Agent	irish a	MERICAN CENTER, INC.		- (	$(\mathbb{R})$	./						
HULLWOOD FL 3327 US HULWUOD FL 3327 HULWUUL HULWUUT HULWU	Principal Plac	e of Business	Mailing Address									
Phincipal Place of Business  Suite, Apt. #, etc.	<b>IOLLYWOOD</b>		HOLLYWOOD FL 33021		ł		1	، مسلحو	<b>,</b>		:	
Suite, Apt. #, etc.     Suite, Apt. #, etc.     DD NOT Watter IN THIS SPACE       City & State     4. FEI Number     Applied For Net Applicable       Zp    Country     2. Centificate of Status Desired Net Applicable       S. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent       V. Name and Address of Current Registered Agent     Name       CURREN, JOHN     Street Address of New Registered Agent       VOUNDER, JOHN     Street Address of New Registered Agent       VI. Name and Address of New Registered Agent     Name       CURREN, JOHN     Street Address of New Registered Agent       No. Name and Address of New Registered Agent     Name       CURREN, JOHN     Street Address of New Registered Agent       No. Name and Address of New Registered Agent     Name       CURREN, JOHN     Street Address of New Registered Agent       No. Name and entity submits this statement for the purpose of changing its registered office or registered agent, or boh, in the state of Prodita       ISBN TURE     Dester Address of New Registered Agent of the state of Prodita       Prest Registered Agent of the statement for the purpose of changing its registered office or registered Agent of the state of Prodita       ISBN TURE     Potter Rogister Agent of the state of Force Rando Directrons       Deter Ture Fund Contribution.     \$\$5,00 Marg Be       Added to Force Rand Directrons in it exection     Int							H AL KULLAN				TI <b>KINA KA</b>	
City & State City	Principal Pl	face of Business	3. Mailing Address				II III III III IIIII		ISI <b>s</b> ensi nina i		)   \$1603 NUB	
City & Salas     City & Salas     City & Salas     F. Enclose     65-0280019     Inot Applicable       Zip    Country     3. Cartificate of Status Desired	Suite, Apt.	#, etc.	Suite, Apt, #, etc.				PO NO	T WRITE IN TH	IS SPACE			
	City & Stat	e	City & State		<u>`</u>	4. FEI Numbe	° 65-028	0019	F	_		
CURREN, JOHN 401 N, 44TH AVENUE HOLLYWOOD FL 33021     Street Address (P.O. Box Number is Not Acceptable)       Cip     FL     Zip Code       Cip     FL     Make Check Payable to Department of State       Cip     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       Cip     Cip     Cip Sign Cip     Cip Sign Cip     Addition<	Zip	Country-	Zip	- Country		5. Certificate	of Status De	sired	\$8.75 Fee Re	5 Addi quired	tional	]
CURREN, JOHN 401 N. 44TH AVENUE HOLLYWOOD FL 33021       Stroot Address (P.O. Box Number is Not Acceptable)	^	6. Name and Address of Curre	t nt Registered Agent	1		7. Name and	Address of	New Register	ed Agent			1
Clonner, John     Addition			•				er is Not Acc		······································			$\frac{1}{2}$
If ULLYWOOD FL 33021         CPy       FL       Zip Code         The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.         INT of above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.         INT of above named entity submits this statement for the purpose of changing fit and interval agent were registered agent, or both, in the state of Florida.         INT of above named entity submits this statement for the purpose of changing fit and interval agent were registered agent, or both, in the state of Florida.         INT of a purpose of protect agent were registered agent, or both, in the state of Florida.         INT of a purpose of protect agent were registered agent dependence agent, or both, in the state of Florida.         INT of a purpose of protect agent were registered agent, or both, in the state of Florida.         INT of a purpose of protect agent were registered agent, or both, in the state of Florida.         INT of a purpose of protect agent were registered agent				Street							=	$\left\{ \right.$
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TREET ADDRESS     1406 NE 15TH ST.     STREET ADDRESS     CITY-ST-ZP     CITY-ST-ZP       TLE     TD     Delete     TTLE     Change     Addition       AME     CONNELLY, WILL     NAME     NAME     STREET ADDRESS     Connection       TV-ST-ZIP     PLANTATION FL     City-ST-ZIP     City-ST-ZIP     City-ST-ZIP       PLANTATION FL     Delete     TTLE     City-ST-ZIP       PLANTATION FL     Delete     TTLE       NAME     NOLAN, RORY     ITTLE       Street ADDRESS     Street ADDRESS       5490 SW 55 AVE     STREET ADDRESS       TT-ST-ZIP     DAVIE FL       OAXAE     CURREN, JOHN       REET ADDRESS     CITY-ST-ZIP       TLE     D       DAVIE FL     City-ST-ZIP       TLE     City-ST-ZIP       DAVIE FL     City-ST-ZIP       TLE     D       MAKE     STREET ADDRESS       Starge of SW 55 AVE     STREET ADDRESS       TY-ST-ZIP     City-ST-ZIP       TLE     D       NAME     STREET ADDRESS       TTT-ST-ZIP     City-ST-ZIP       TLE     City-ST-ZIP       TLE     City-ST-ZIP       TH-ST-ZIP     City-ST-ZIP       THE     City-ST-ZIP		Signature, typed or privited name of registered age	ent and title if applicable. (NOT	E: Registered Agent sign	s5.0 Added	when reinstating) O. May Be to Fees		Make.Che Departm	ck.Payab ent of St	ate		
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PLANTATION PL     Delete     TITLE       TLE     P'     Internation PL       AMAE     NOLAN, RORY     Internation PL       AMAE     NOLAN, RORY     Internation PL       TREET ADDRESS     5490 SW 55 AVE     Internation PL       TITLE     D     Internation PL       TLE     Delete     TITLE       NAME     STREET ADDRESS       401 N 44 AVE     STREET ADDRESS       TTLE     Internation PL       TLE     Internation PL       TLE     Internation PL       TTLE     Internation PL       TTLE     Internation PL       NAME     STREET ADDRESS       TTLE     Internation PL       TTLE     Internation PL       NAME     STREET ADDRESS       STREET ADDRESS     STREET ADDRESS       TTLE     Internation PL       NAME     STREET ADDRESS       STREET ADDRESS     CITY-ST-ZIP       Internationers     Change       Internationers     CITY-ST-ZIP	O. D. TLE AME TREET ADDRESS	Signature, typed or privited name of registered age FILE NOW: FEE IS \$61.25 OFFICERS AND I VPSD DOWNS, JOHN 1406 NE 15TH ST.	ent and title if applicable. (NOT 9. Election Campaign Trust Fund Contrib DIRECTORS	TE: Registered Agent sign n Financing pution	\$5.0 Added	when reinstating) O. May Be to Fees		Make.Che Departm	ck Payab ent of St	ate RS IN	10	E037 (10/00)
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NAME     NAME       IREET ADDRESS     STREET ADDRESS       TY- ST-ZIP     CTY-ST-ZIP   2. 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 lurther certify that the information indicated on this report or supplemental eport 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an eddress, with all other like empowered.	IGNATURE . D. TLE AME TREET ADDRESS TY-ST-ZP TLE AME TREET ADDRESS TY-ST-ZP TLE AME TREET ADDRESS TY-ST-ZP TLE ME TREET ADDRESS TY-ST-ZP TLE ME TREET ADDRESS	Signature, typed or privited name of registered age FILE NOW: FEE IS \$61.25 OFFICERS AND I VPSD DOWNS, JOHN 1406 NE 15TH ST. FT. LAUDERDALE FL TD CONNELLY, WILL 1048 49TH TERR PLANTATION FL P NOLAN, RORY 5490 SW 55 AVE DAVIE FL D CURREN, JOHN 401 N 44 AVE	Print and title if applicable. (NOT	E: Registered Agent sign Dution.	S	when reinstating) 0. May Be to Fees ADDITIONS/CH		Make.Che Departm	ck Payab ent of St DIRECTO Ch	ange ange ange ange	10 Addition Addition Addition Addition Addition Addition	CR2E037

A APPENDING A

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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 30, 2001

IRISH AMERICAN CENTER, INC. 401 N. 44TH AVENUE HOLLYWOOD, FL 33021 US

Subject: IRISH AMERICAN CENTER, INC.

Reference N45258

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/gs ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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