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00-03705

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N46704

1. Corporation Name
ST. PATRICK'S G.A.A. FLORIDA, INC.

Principal Place of Business
 6811 PARK ST
 HOLLYWOOD FL 33024

Mailing Address
 299 N.W. 11TH STREET
 BOCA RATON FL 33432
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/02/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0309831	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
25	Country	30	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HENDERSON, HARRY J 299 N.W. 11TH STREET BOCA RATON FL 33432				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKENNA, LIAM		1.2 NAME		
STREET ADDRESS	435 N.W. 136TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARRETT, JOHN		2.2 NAME		
STREET ADDRESS	3326 QUAIL CLOSE		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HYNES, MARTIN		3.2 NAME		
STREET ADDRESS	2352 N.W. 39TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		3.4 CITY-ST-ZIP		
TITLE	R	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALSH, NOEL		4.2 NAME		
STREET ADDRESS	3330 N.E. 14TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENDERSON, HARRY J		5.2 NAME		
STREET ADDRESS	299 N.W. 11TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARRETT, JOHN		6.2 NAME		
STREET ADDRESS	3326 QUAIL CLOSE		6.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		6.4 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)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address with all other like empowered.

SIGNATURE: *HENDERSON* 2/22/99 561-367-7770
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)