## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600004274 (4)

IRISH INSTITUTE, INC.

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POMPANO BEACH FL 33064  POMPANO BEACH FL 33064  A. EEI Number	Principal Place of Business Mailing Address								
Principal Place of Business   2a, Mailing Address   2b, Confidence of Status Desired   \$8.75 Additional Set   \$8							08/13/1996		
Suite, Apt. #, etc.							1	Applied For Not Applicable	
City & State  Country  Country  Country  City & State  Country	- ·			-					
Zip   Country   Zip   Country   Zip   Country   St. This corporation owes or has paid the current year Intangible   Personal Property Tax due June 30.   Yes   No   No   Name and Address of Current Registered Agent   10. Name and Address of New Registered Age									
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name  WALSHE, MICHAEL 650 EAST SAMPLE ROAD POMPANO BEACH FL 33064  12. Street Address (P.O. Box Number is Not Acceptable)  83	City & State	— ·	. State						
WALSHE, MICHAEL 650 EAST SAMPLE ROAD POMPANO BEACH FL 33064  83    Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)   Street Address (P	Zip 24	<del> </del>	<b>⊢</b> ` ⊢	_	itry		Personal Property Tax due June 30. Yes		
WALSHE, MICHAEL 650 EAST SAMPLE ROAD POMPANO BEACH FL 33064  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1506. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, Such change was submit to the provisions of Sections 617.0502 and 617.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids, Such change was submit to the provisions of Section 617.0503, Florids Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D D DELETE 1.1 TITLE D Change Addition  O'DWYER, RORY  SIRECT ADDRESS  CITY-51-2P FORT LAUDERDALE FL 33309 1.4 CITY-51-2P  DELETE 1.2 TITLE D Change Addition  WALSHE, MICHAEL 2.2 WMAE SIRECT ADDRESS  GRY-51-2P TITLE D Change Addition  Addition  WALSHE, MICHAEL 3.2 STREET ADDRESS  GRY-51-2P TITLE D Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANG		9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent		
POMPANO BEACH FL 33064  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sectione 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or présent agent authorized by the corporation's board of directors. I hereby accept the eppointment as registered agent and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or présent agent authorized in applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D D D DEETE  1.1 TITLE  D D D DEETE  1.2 NAME  STREET ADDRESS  5510 NORTHWEST 12TH AVENUE  1.3 STREET ADDRESS  5610 NORTHWEST 12TH AVENUE  1.3 STREET ADDRESS  5610 NORTHWEST 12TH AVENUE  2.2 MAKE  STREET ADDRESS  632 SOUTH MILITARY TRAIL  2.3 STREET ADDRESS  632 SOUTH MILITARY TRAIL  2.3 STREET ADDRESS  650 EAST SAMPLE ROAD  DEERTE  D D DEETE  1.1 TITLE  D Change  Addition  Addition  ACTIV-51-2P  TITLE  D Change  Addition  Addition  Change  Addition  Change  Addition  Addition  ACTIV-51-2P  TITLE  D Change  Addition  Chan				8	31 N	ame			
POMPANO BEACH FL 33064    83	•				32 S	reet Addre	dress (P.O. Box Number is Not Acceptable)		
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 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    Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature reculting when reinstating)   DATE					33				
SIGNATURE   Signature, typed or pritted name of registered agent and title if applicable.   (NOTE, Registered Agent signature required when reinstating)   DATE					84 City		FL     '		
TITLE D DELETE 1.1 TITLE D'DWYER, RORY 1.2 NAME 5610 NORTHWEST 12TH AVENUE 1.3 STREET ADDRESS FORT LAUDERDALE FL 33309 1.4 CDTY-ST-ZIP FORT LAUDERDALE FL 33309 1.4 CDTY-ST-ZIP DELETE 2.1 TITLE CHange Addition NAME WALSHE, MICHAEL 2.2 STREET ADDRESS CDTY-ST-ZIP DELETE 3.1 TITLE D Change Addition NAME WALSHE, MICHAEL 2.2 STREET ADDRESS CDTY-ST-ZIP DELETE 3.1 TITLE D Change Addition NAME HYNES, SHEILA 3.2 NAME STREET ADDRESS CDTY-ST-ZIP DELETE 3.1 TITLE CHANGE ADDRESS CDTY-ST-ZIP DELETE 3.1 TITLE CHANGE ADDRESS CDTY-ST-ZIP DELETE 4.1 TITLE CHANGE ADDRESS CDTY-ST-ZIP DELETE 5.1 TITLE CHANGE ADDRESS CDTY-ST-ZIP CHANGE STREET ADDRESS ADDRESS CDTY-ST-ZIP CHANGE STREET ADDRESS STREET ADDRESS STREET ADDRESS CDTY-ST-ZIP CHANGE STREET ADDRESS STREET ADDRE	SIGNATURE								
NAME				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ŘS IN 12	
STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 TITLE D DELETE 21 TITLE D AMME WALSHE, MICHAEL 22 NAME STREET ADDRESS CITY-ST-ZIP TITLE D DEERFIELD BEACH FL 33442 TITLE D NAME HYNES, SHEILA STREET ADDRESS CITY-ST-ZIP TITLE D NAME HYNES, SHEILA STREET ADDRESS CITY-ST-ZIP TITLE D AMME HYNES, SHEILA STREET ADDRESS CITY-ST-ZIP TITLE D AMME HYNES, SHEILA STREET ADDRESS CITY-ST-ZIP TITLE D DELETE D ALTITLE D ALTITL	TITLE	D	DELETE 1		1.1 TITLE		☐ Change	Addition	
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STREET ADDRESS   650 EAST SAMPLE ROAD   3.3 STREET ADDRESS							Change	Addition	
CITY-ST-ZIP   POMPANO BEACH FL 33064   3.4. CITY-ST-ZIP     TITLE	NAME	HYNES, SHEILA	SHEILA		3.2 NAME				
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         STREET ADDRESS         CITY-ST-ZIP         4.4 CITY-ST-ZIP         TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         5.3 STREET ADDRESS	STREET ADDRESS	•		3.3 STR	3.3 STREET ADDRESS				
A. 2 NAME	CITY-ST-ZIP			3.4. CIT	3.4. CITY - ST - ZIP				
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STREET ADDRESS 5.3 STREET ADDRESS							orango		
						RESS			
	CITY-ST-ZIP								

14. Thereby 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 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.

6.1 TITLE

6,2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

LALATURE REQUIRED

1/8/98

454-771-3121

**FILED** 

Jan 21 1998 8:00am

Secretary of State