

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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 12 AM 9:04

DOCUMENT # P92000012861 (0)

1. Corporation Name  
**SHAMROCK PAINTING, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business <b>3900 S.W. 52ND AVENUE #803 PEMBROKE PINES FL 33023</b>	Mailing Address <b>3900 S.W. 52ND AVENUE #803 PEMBROKE PINES FL 33023</b>
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3. Date Incorporated or Qualified <b>12/17/1992</b>	3a. Date of Last Report <b>05/17/1994</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 25
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4. FEI Number <b>65-0377798</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCNEIL, DOUGLAS R  
3900 SW 52 AVE  
STE - 803  
PEMBROKE PARK FL 33023**

10. Name and Address of New Registered Agent

81 Name	84 City	85 FL	Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)			
83			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE <b>DPVT</b>	NAME <b>MCNEIL, DOUGLAS R</b>
STREET ADDRESS <b>3900 S.W. 52ND AVE #803</b>	CITY - ST - ZIP <b>PEMBROKE PARK FL</b>
TITLE <b>EVP</b>	NAME <b>MCADAMS, CLEVELAND R</b>
STREET ADDRESS <b>425 SW 19 AVE</b>	CITY - ST - ZIP <b>MIAMI FL</b>
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>DPVTS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>McNeil, Douglas R.</b>	
1.3 STREET ADDRESS <b>3900 SW 52 AVE #803</b>	
1.4 CITY - ST - ZIP <b>Pembroke Park, FL.</b>	
2.1 TITLE <b>N/A</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(A), 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 in my attachment with an address.

SIGNATURE: Douglas R. McNeil 6-5-95 305 231 3540  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Chapter 607.032