

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

FILED

Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P93000020051 (7)

1. Corporation Name
HIBERNIAN, INC.



Principal Place of Business 535 NORTH ANDREWS AVE. FT. LAUDERDALE FL 33301	Mailing Address 535 NORTH ANDREWS AVE. FT. LAUDERDALE FL 33301
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/17/1993	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0405971		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GREGORY J. ERSEK, P.A.
17820 NW 18TH AVE.
MIAMI FL 33056

10. Name and Address of New Registered Agent

81 Name	Joe Garrity
82 Street Address (P.O. Box Number is Not Acceptable)	2100 S Ocean Dr #10 E
83	
84 City	Ft Lauderdale
85 Zip Code	FL 33307

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

[Signature]
Signature, typed or printed name of registered agent and that of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRAIG, ALAN			1.2 NAME			
STREET ADDRESS	535 NORTH ANDREWS AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			1.4 CITY-ST-ZIP			
TITLE	DVST	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOYALLE, HILARY			2.2 NAME			
STREET ADDRESS	535 NORTH ANDREWS AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			2.4 CITY-ST-ZIP			
TITLE	V Pres	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Kevin Geraghty			3.2 NAME			
STREET ADDRESS	535 N Andrews Ave			3.3 STREET ADDRESS			
CITY-ST-ZIP	Ft Laud FL 33301			3.4 CITY-ST-ZIP			
TITLE	V Pres	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Patricia Geraghty			4.2 NAME			
STREET ADDRESS	535 N Andrews Ave			4.3 STREET ADDRESS			
CITY-ST-ZIP	Ft Laud FL 33301			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(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

[Signature] 3/10/98

CR2E034 (10/97)