FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000023296 (5)

1. Corporation Name

SHAMROCK REALTY & DEVELOPMENT INC.

S00001504265
-06/02/95--01022--001
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1323 LAFAYETTE STREET SUITE B CAPE CORAL FL 33904 US	1323 LAFAYETTE STREET SUITE B CAPE CORAL FL 33904 US

3. Date Incorporated or Qualified: 03/23/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0414878 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation is claiming an intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 6326 Whiskey Cl Dr	26 2933 SW 2ND LANE
Suite, Apt. #, etc. 22 # B	Suite, Apt. #, etc. 27
City & State 23 Fort Myers, Florida	City & State 28 Cape Coral, Florida
Zip 24 33919 Country 25 USA	Zip 29 33991 Country 30 USA

9. Name and Address of Current Registered Agent

CICIRETTI, HELEN J
1323 LAFAYETTE STREET
SUITE B
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name: Helen J. Ciciretti
82 Street Address (P.O. Box Number is Not Acceptable): 2933 SW 2ND Lane
83 CAPE CORAL Florida 33991
84 City: FL 85 Zip Code

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	CICIRETTI, HELEN J.	NAME	
STREET ADDRESS	1323 LAFAYETTE STREET, SUITE B	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	CITY-ST-ZIP	
TITLE	VP	TITLE	☐ Change ☐ Addition
NAME	CICIRETTI, HELEN J.	NAME	
STREET ADDRESS	1323 LAFAYETTE STREET, SUITE B	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	CITY-ST-ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	CICIRETTI, HELEN J.	NAME	
STREET ADDRESS	1323 LAFAYETTE STREET, SUITE B	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	CITY-ST-ZIP	
TITLE	T	TITLE	☐ Change ☐ Addition
NAME	CICIRETTI, HELEN J.	NAME	
STREET ADDRESS	1323 LAFAYETTE STREET, SUITE B	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HELEN J. CICIRETTI

DATE: 5-1-95 DAYTIME PHONE: (813) 574-6411

0020766 CP