FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000023296 (5)**

1. Corporation Name

SHAMROCK REALTY & DEVELOPMENT INC.

Principal Place of Business	Mailing Address
6326 WHISKEY CIRCLE DR. STE. B FT. MYERS FL 33919 US	2932 SW 2ND LANE CAPE CORAL FL 33991

3. Date Incorporated or Qualified: **03/23/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 808 SE 46 LANE
22 Suite, Apt. #, etc: Suite 3
23 City & State: CAPE CORAL FL
24 Zip: 33904
25 Country:

2a. Mailing Address
26: 808 SE 46 LANE
27 Suite, Apt. #, etc: Suite 3
28 City & State: CAPE CORAL FL
29 Zip: 33904
30 Country:

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CICIRETTI, HELEN J
2932 SW 2ND LANE
CAPE CORAL FL 33991

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CICIRETTI, HELEN J. 1323 LAFAYETTE STREET, SUITE B CAPE CORAL FL ☐ DELETE	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	☒ Change ☐ Addition 808 SE 46 LANE #3 CAPE CORAL FL 33904
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CICIRETTI, HELEN J. 1323 LAFAYETTE STREET, SUITE B CAPE CORAL FL ☐ DELETE	2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP	☒ Change ☐ Addition 808 SE 46 LANE #3 CAPE CORAL FL 33904
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CICIRETTI, HELEN J. 1323 LAFAYETTE STREET, SUITE B CAPE CORAL FL ☐ DELETE	3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP	☒ Change ☐ Addition 808 SE 46 LANE #3 CAPE CORAL FL 33904
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CICIRETTI, HELEN J. 1323 LAFAYETTE STREET, SUITE B CAPE CORAL FL ☐ DELETE	4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP	☒ Change ☐ Addition 808 SE 46 LANE #3 CAPE CORAL FL 33904
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ Helen S. Ciciretti Pres. 4-29-96 (941) 540-7077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)