| CORPO | FIT | NG FEE AI | | FLORI | DA DEPART | MENT O | STATE | May 07 | FILE 7 199 | | :00ar |
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| ANNUAL 199 | | | | | Secretary SION OF CO | of State | | Secre | | | |
| DOCUME Corporation Nam SHAMROCK | | 930000 |)37 | 7078 | (1) | | | 4 1881101 110 10 101 100 0010 0010 | 00151 00200 bids | ± 38011 80110 1880 | ti añ de se di |
| incipal Place of Business Mailing Address 1795 NW 53RD STREET P.O. BOX 450958 16 SUNRISE FL 33345-0958 | | | | | | | | | | | |
| Sunrise FL 33351 US | | | US | | | | | 3. Date Incorporated or Qualific 05/19/1993 | | ate of Last R | leport |
| 2. Principal Place o | f Business | | 2a. | Mailing Add | dress | | ····· | 4. FEI Number | | | oplied For |
| I Suite, Apt. #, etc. | | | 26 | Suite, Apt. I | #. etc. | | | 65-0421536 | | \$8.75 | ot Applicable |
| 2 | | | 27 | | - | | | 5. Certificate of Status Desired | | Fee Re | |
| City & State | | | 28 | City & State | } | | | 6. Election Campaign Financing Trust Fund Contribution | ° 0 | \$5.00 Added | |
| Zip | Country 25 Name and Addre | y | 29 | Zip | | Count | ry | 8. This corporation has liability Florida Statutes | K Yes | e tax under s | |
| | N, BRIAN P | SE DI CUITERI RE | ទដ្ឋានរ | ereo Ageni | | 8 | 1 Name | 10. Name and Address of New | Registered | Agent | |
| 10303 WI | ELLEBY ISLES L | ANE | | | | 8 | 2 Street Add | dress (P.O. Box Number is Not Acce | table) | | |
| SUNRISE | FL 33351 | | | | | 8 | 3 | | | · · · · · · · · · · · · · · · · · · · | |
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| | | | | | | 8 | 4 City | | | 85 Zip I | Code |
| 1. Pursuant to the | provisions of Sect | ions 607.0502 an | nd 60 | 7.1508, Flor | ida Statutes | the abo | ve-named cor | rporation submits this statement for th | FL ne purpose o | f changing if | e registered |
| office or register | provisions of Sect rod agent, or both iliar with, and acc | i, in the State of F | Florid | Such cha | inge was au | , the abo | ve-named cor | rporation submits this statement for that a statement for the statement for statement for the statement for stat | | f changing if | e registered |
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| office or registe agent. I am fam IGNATURE Signatur 2. | rod agent, or both iliar with, and acco no. lyped or printed name | i, in the State of F ept the obligation | Florid ns of, nd title # | a. Such cha Section 607 applicable. | nge was au 7.0505, Flori (NOTE: | b, the abo thorized d da Statut Registered A | ve-named cor by the corpora e8. gent signature requ | ation's board of directors. I hereby ac | e purpose o cept the app DATE | Changing it pointment as | s registered registered |
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