

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P94000045969**

1. Corporation Name

Shamrock Plaza Inc.

FILED

98 MAY 19 PM 12:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

June 21, 1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 4727 N. Monroe Street		26		59-3249020		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23 Tallahassee, FL		28					
Zip		Country					
24 32303		25 USA					
		29		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Mehrdad Ghazvini
4727 N. Monroe Street
Tallahassee, FL 32303**

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

(Signature of Registered Agent required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Sec/Trea.	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mehrdad Ghazvini	12 NAME	
STREET ADDRESS	6000 Boynton Homestead	13 STREET ADDRESS	
CITY-STATE-ZIP	Tallahassee, Florida 32308	14 CITY-STATE-ZIP	
TITLE	Director	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Behzad Ghazvini	22 NAME	
STREET ADDRESS	7516 Preservation Road	23 STREET ADDRESS	
CITY-STATE-ZIP	Tallahassee, Florida 32308	24 CITY-STATE-ZIP	
TITLE	Director	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mehran Ghazvini	32 NAME	
STREET ADDRESS	2910 Royal Palm Way	33 STREET ADDRESS	
CITY-STATE-ZIP	Tallahassee, Florida 32308	34 CITY-STATE-ZIP	
TITLE	President	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hossein Ghazvini	42 NAME	
STREET ADDRESS	4515 High Grove Road	43 STREET ADDRESS	
CITY-STATE-ZIP	Tallahassee, Florida 32308	44 CITY-STATE-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

SIGNATURE:

H. GHAZVINI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/97)