

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000072364 (0)
1. Corporation Name
IRISH HOSPITALITY ASSOCIATES, INC.



Principal Place of Business 1649 KIRKMAN RD SUITE 273 ORLANDO FL 32811	Mailing Address 1649 KIRKMAN RD SUITE 273 ORLANDO FL 32811
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3. Date Incorporated or Qualified 10/03/1994	3a. Date of Last Report 08/07/1995
4. FEI Number 59-3272682	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 174 B Semoran Com. Pl. #114	2a. Mailing Address 26 174 B Semoran Com. Pl.
Suite, Apt. #, etc. 22 Unit 114	Suite, Apt. #, etc. 27 Unit 114
City & State 23 Apopka, Florida	City & State 28 Apopka, Fla.
Zip 24 32703	Country 25 Orange
Zip 29 32703	Country 30 Orange

9. Name and Address of Current Registered Agent IRISH, MARILYN E 1649 KIRKMAN RD SUITE 273 ORLANDO FL 32811	10. Name and Address of New Registered Agent B1 Name Marilyn E Irish. B2 Street Address (P.O. Box Number is Not Acceptable) 1711 Fairhaven Court B3 B4 City Apopka B5 Zip Code FL 32712
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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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	11 TITLE D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IRISH, MARILYN E		12 NAME Irish, Marilyn E.	
STREET ADDRESS 1649 KIRKMAN RD SUITE 273		13 STREET ADDRESS 1711 Fairhaven Court	
CITY-ST-ZIP ORLANDO FL 32811		14 CITY-ST-ZIP Apopka, Fl. 32712.	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marilyn E Irish* **0/10/96. (407) 884-0295**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)