

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 19 PM 12:16

DOCUMENT # **P94000092827 (2)**

1. Corporation Name  
**SHAMROCK PUBS, INC.**

Principal Place of Business      Mailing Address  
**3154 VIA POINCIANA  
APT. 403  
LAKE WORTH FL 33467**      **3154 VIA POINCIANA  
APT. 403  
LAKE WORTH FL 33467**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/21/1994**

2. Principal Place of Business      2a. Mailing Address  
**21**      **26**

4. FEI Number      Applied For  
**65-0542705**      Not Applicable

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**22**      **27**

5. Certificate of Status Desired            **\$8.75 Additional  
Fee Required**

City & State      City & State  
**23**      **28**

6. Election Campaign Financing  
Trust Fund Contribution            **\$5.00 May Be  
Added to Fees**

7.      Country      7.      Country  
**24**      **25**      **29**      **30**

8. This corporation has liability for intangible tax under R 199.037  
Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GLAZER, DANIEL S  
3154 VIA POINCIANA  
APT. 403  
LAKE WORTH FL 33467**

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City      **FL**      05 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      (NOTE: Registered Agent signature required when re-registering)      DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE      **D**  
NAME      **GLAZER, DANIEL S**  
STREET ADDRESS      **3154 VIA POINCIANA APT. 403**  
CITY - ST - ZIP      **LAKE WORTH FL 33467**

1.1 TITLE       Change       Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE      **D**  
NAME      **GLAZER, PAULA K**  
STREET ADDRESS      **3154 VIA POINCIANA APT. 403**  
CITY - ST - ZIP      **LAKE WORTH FL 33467**

2.1 TITLE       Change       Addition  
2.2 NAME      **D**  
2.3 STREET ADDRESS      **MATHEWS, KEVIN M.**  
2.4 CITY - ST - ZIP      **1193 KANE DRIVE  
PORT ORANGE, FL 32119**

TITLE      **D**  
NAME      **REILLY, JOHN J**  
STREET ADDRESS      **619 ALLEN AVE.**  
CITY - ST - ZIP      **DELRAY BEACH FL 33483**

3.1 TITLE       Change       Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE      **D**  
NAME      **CONNOLLY, JOHN G**  
STREET ADDRESS      **651 SE 15TH AVE. APT. E-404**  
CITY - ST - ZIP      **BOYNTON BEACH FL 33435**

4.1 TITLE       Change       Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE       Change       Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE       Change       Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereof, or on an attachment with an address.

SIGNATURE: **Daniel S. Glazer, Dir.**      **5/24/95**      **404-768-1919**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Telephone No.)