

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 # **P94000092827 (2)**

1. Corporation Name
SHAMROCK PUBS, INC.



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

Mailing Address
**3154 VIA POINCIANA
APT. 403
LAKE WORTH FL 33467**

3. Date Incorporated or Qualified **12/21/1994** 3a. Date of Last Report **06/19/1995**

2. Principal Place of Business

2a. Mailing Address

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

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

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, 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**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE **D** ☐ DELETE
NAME **MATHEWS, KEVIN M.**
STREET ADDRESS **1133 KANE DR.**
CITY - ST - ZIP **PORT ORANGE FL**

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **GLAZER, PAULA K.**
1.3 STREET ADDRESS **3154 VIA POINCIANA APT. 403**
1.4 CITY - ST - ZIP **LAKE WORTH, FL 33467**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DANIEL S. GLAZER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-96
Date

407-968-1919
Daytime Phone

CR2E034 (12/95)