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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADORESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000012432 (7)

SHAMROCK FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address 2020 W. FAIRBANKS AVENUE PO BOX 1676 SUITE 208 WINTER PARK FL 32780 WINTER PARK FL 32789 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 62-1592998 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RYALS, BRUCE A 2020 W. FAIRBANKS AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 208 83 WINTER PARK FL 32789 84 City 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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE P\$1 1.1 TITLE Change ☐ Addition RYALS, BRUCE A NAME 1.2 NAME 2020 W. FAIRBANKS AVENUE STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 32789 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE Channe Addition 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET AODRESS CITY-ST-ZIP 2.4 CITY-\$T-ZIP DELETE 3.1 TITLE Change __ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY-ST-ZIP TITUE DELETE Change Addition 61 THILE NAME 6.2 NAME

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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 trustoc 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:
477-LYLF9128

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP