FILE NOW: FILING FEE AFTER MAY 1 IS $22[illegible].00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mo[illegible]n
Secretary of [illegible]e
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 SEP 16 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000019911 (3)

1. Corporation Name

PAT O'BRIEN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
401 GARDENS DRIVE SUITE 104 POMPANO BEACH FL	401 GARDENS DRIVE SUITE 104 POMPANO BEACH FL

3. Date Incorporated or Qualified: 03/13/1995

3a. Date of Last Report:

2. Principal Place of Business
21: 4495 S. Atlantic Av.
Suite, Apt. #, etc.
22: 302 South
City & State
23: New Smyrna Bch, FL
Zip: 24: 32169
Country: 25: USA

2a. Mailing Address
26: 4495 S. Atlantic Av
Suite, Apt. #, etc.
27: 302 South
City & State
28: New Smyrna Bch, FL
Zip: 29: 32169
Country: 30: USA

4. FEI Number: 65-0566085 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

O'BRIEN, PATRICIA P
401 GARDENS DRIVE
SUITE 104
POMPANO BEACH FL

10. Name and Address of New Registered Agent

81 Name: O'Brien Patricia P
82 Street Address (P.O. Box Number is Not Acceptable): 4495 S. Atlantic Ave.
83: #302 S
84 City: New Smyrna Bch. FL 85 Zip Code: 32169

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 [illegible] DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1 1 TITLE	V	☐ Change ☒ Addition
NAME	COLEMAN, ANTHONY G JR.		1 2 NAME	MICHAEL J. O'BRIEN	
STREET ADDRESS	401 GARDEN DRIVE SUITE 104		1 3 STREET ADDRESS	561 N. W. 42ND. AVE	
CITY-ST-ZIP	POMPANO BEACH FL		1 4 CITY-ST-ZIP	COCONUT CREEK, FL 33066	
TITLE		☐ DELETE	2 1 TITLE	S	☐ Change ☒ Addition
NAME			2 2 NAME	MARGARET O RAMSEY	
STREET ADDRESS			2 3 STREET ADDRESS	514 DUNRAVEN DR.	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE		☐ DELETE	3 1 TITLE	T	☐ Change ☒ Addition
NAME			3 2 NAME	CYNTHIA O ROCKWELL	
STREET ADDRESS			3 3 STREET ADDRESS	212 LODGE DR.	
CITY-ST-ZIP			3 4 CITY-ST-ZIP	GREENWOOD, SC 29646	
TITLE		☐ DELETE	4 1 TITLE	P	☒ Change ☐ Addition
NAME			4 2 NAME	PATRICIA P. O'BRIEN	
STREET ADDRESS			4 3 STREET ADDRESS	4495 S. ATLANTIC AVE. #302 S	
CITY-ST-ZIP			4 4 CITY-ST-ZIP	NEW SMYRNA BCH, FL 32169	
TITLE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

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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)(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 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: Patricia O'Brien PATRICIA P. O'BRIEN 6/5/96 904-428-9049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #