

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 09 1997 8:00am
Secretary of State

DOCUMENT # P95000019911 (3)

1. Corporation Name

PAT O'BRIEN ENTERPRISES, INC.

Principal Place of Business

4495 S. ATLANTIC AV
302 SOUTH
NEW SMYRNA BCH FL 32169

Mailing Address

4495 S. ATLANTIC AV
302 SOUTH
NEW SMYRNA BCH FL 32169-4025



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
03/13/1995	09/16/1996
4. FEI Number	Applied For
65-0566085	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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

O'BRIEN, PATRICIA P
4495 S. ATLANTIC AV
302 SOUTH
NEW SMYRNA BCH FL 32169

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, MICHAEL J	12 NAME	
STREET ADDRESS	561 N.W. 42ND AVE	13 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33066	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, MARGARET O	22 NAME	
STREET ADDRESS	514 DUNRAVEN DR	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKWELL, CYNTHIA O	32 NAME	
STREET ADDRESS	212 LODGE DR	33 STREET ADDRESS	
CITY-ST-ZIP	GREENWOOD SC 29646	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, PATRICIA P	42 NAME	
STREET ADDRESS	4495 S. ATLANTIC AVE. #3025	43 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	44 CITY-ST-ZIP	
TITLE		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		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 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 P. O'Brien* 4-21-97 (and) 4-28-97

CR2E034 (9/96)