

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000073612 (0)

1. Corporation Name

SHAMROCK SPORTS BAR & GRILL, INC.



Principal Place of Business

8203 EAST ORANGE AVE.
FLORAL CITY FL 34436

Main Office

309 EAST ORANGE AVE.
FLORAL CITY FL 34436

2. Principal Place of Business

2a. Mailing Address

26 309 P.O. Box
State Apt. # etc.

27 City & State
28 Floral City FL

29 Zip 34436 30 County Citrus

3. Date Incorporated or Qualified 3a. Date of Last Report

09/20/1995

4. FID Number 1,593334,555 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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

RHOADES, RON A ESQ
2420 NORTH ESSEX AVE.
HERNANDO FL 34442

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 607.0102 and 607.1509, 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 I accept the obligations of, Section 607.0106, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to file

Signature of Agent or person authorized to file

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RUGGIERO, ANTHONY	
STREET ADDRESS	114 WEST QUINCE STREET	
CITY-STATE-ZIP	HERNANDO FL 34442	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplement if a 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 attached list with an address.

SIGNATURE: Anthony Ruggiero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96

SG 3-30-96

CR2E034 (12/95)