

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000078269 (4)

1. Corporation Name

DWYER'S IRISH PUBS, INC.

Principal Place of Business

19555 E COUNTRY CLUB DR. #102
MIAMI FL 33180

Mailing Address

19555 E COUNTRY CLUB DR. #102
MIAMI FL 33180

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

201 N. New York AVE

Suite, Apt. #, etc.

27

Suite 302

City & State

28

WINTER PARK

29

32789

Country

30

9. Name and Address of Current Registered Agent

DWYER, KAREN
19555 E COUNTRY CLUB DR. #102
MIAMI FL 33180

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 607.0602 and 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

Date

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PSD
DWYER, KAREN
19555 E COUNTRY CLUB DR. #102
MIAMI FL 33180

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

PSD
DWYER, KAREN
201 NORTH NEWYORK AVE. STE 302
WINTER PARK, FLORIDA 32789

☒ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

DWYER, ANTHONY
201 NORTH NEWYORK AVE STE 302
WINTER PARK, FLORIDA 32789

☐ Change ☒ Addition

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP

☐ Change ☐ Addition

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP

☐ Change ☐ Addition

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

☐ Change ☐ Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

☐ Change ☐ Addition

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)(a), 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 the 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 statement with address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Dwyer

4/8/96 (407) 6284335

CR2E034 (12/95)