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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 10 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078269 (4)

DWYER'S IRISH PUBS, INC.

District District Address								
Principal Place of Business Mailing Address								
19555 E COUNTRY CLUB DR. #102 201 N NEW YO			₹K AVE					
MIAMI FL 33180		SUITE 302 Winter Park FL 32789				DO NOT WRITE IN THIS SPACE		
US				Ì		3. Date Incorporated or Qualified		
						10/09/1995		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For	
21		26				65-0617042	Not Applicabl	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				F-1	\$8.75 Additional	
22		27	27			5. Certificate of Status Desired	Fee Required	
City & State	3	City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip				itry		8. This corporation owes or has paid the cui	rrent year Intangible	
24	25 29 30					Personal Property Tax due June 30.	🔀 Yes 🔲 No	
1.	9. Name and Address of Currer	it Registered Agent				10. Name and Address of New Registered	Agent	
DW	YER, KAREN			B1	Name			
19555 E COUNTRY CLUB DR, #102				B2	Stroot Adds	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33180					Sirect Addi	set Address (F.O. Box Notifice is Not Acceptable)		
			ī	B3				
			-					
			1	84	City	FL	85 Zip Code	
44 Durguant to the provisions of Sections 607 0502 and 607 1508 Floride 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
ackslash								
SIGNATURE Standard, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstation						ircd when reinstating) DATE	······································	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PSD	DELET E	1.1 TITL	.F			Change Addition	
NAME	DWYER, KAREN		1.2 NAM	ÆΕ				
STREET ADDRESS 201 NORTH NEW YORK AVE SUITE 302			1.3 STR	1.3 STREET ADDRESS				
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY	r-st	1 - ZIP			
TITLE	V	☐ DELETE	2.1 TITL	.E			Change Addition	
NAME	DWYER, ANTHONY		2.2 NAN	ΛE				
STREET ADDRESS	ALC LIGHTIL LINE LIGHT ALT DINTER ALC			2.3 STREET ADDRESS				
CITY-ST-ZIP WINTER PARK FL			2. 4 DIT	2. 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 7IIL				Change Addition	
NAME			3.2 NAN	Æ				
STREET ADDRESS			3.3 STR	EET /	ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y - \$1	.T - ZIP			
TITLE		☐ DELET e	4.1 TITL	.E			Change Addition	
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STR	EET /	ADDRESS			
CITY-ST-ZIP			4.4 CITY	r - ST	[- ZIP		/ / /	
TITLE		DELETÉ	5.1 TITL				Change Addition	
NAME			5.2 NAN	ΛE		//	// /// -	
STREET ADDRESS					ADDRESS	<	/\(\(\\\\)\(\)	
CiTY-ST-ZIP			5.4 CiTy			///	17/10	
TITLE		DELETE	6.1 TITL			200000248966	Change Addition	
NAME			6.2 NAN	ΛE		-04/13/98010070	18	
STREET ADDRESS					ADDRESS	***150.00		
			3.5 511					

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 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 angless.