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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082020 (4)

IRISH AMERICAN CORPORATION

Principal Pra	ce of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·			
7032 INTERNATIONAL DRIVE 7032 INTERNATIONAL DRIVE ORLANDO FL 32819 0RLANDO FL 32819 8222							
					3. Date Incorporated or Qualified 09/30/1996	3a. Date of Last F	Report
2. Principal Place of Business 2a. Mailing Address			i		4. FEI Number	I A	pplied For
21		26			62-1656363	 	lot Applicable
Suite, Ap 22		Suite, Apt. #, etc 27	27		5. Certificate of Status Desired Fee Required		
City & State		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Countr	/	8. This corporation has liability for inte		s. 199.032,
24	25	29	30	·		Yes No	
	9. Name and Address of Cure	ent Registered Agent	81	Name	10. Name and Address of New Regis	stered Agent	,
TYLER, DEBBIE A 7032 INTERNATIONAL DRIVE							
	SZ INTERINATIONAL UNIVE LANDO FL 32819		82 Street Ad		ress (P.O. Box Number is Not Acceptable)	
Un	DANDO FL 32019		83				
							0.4
			84	City		FL 85 Zip	Code
office or	registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida Such change ligations of, Section 607.050	was authorized b	y the corpora s.	poration submits this statement for the pur tion's board of directors. I hereby accept to	rpose of changing i the appointment as	its registered registered
12.		AND DIRECTORS	13.	or agratore requ	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	D	☐ DELET	E 1.1 TITLE			Change	Addition
NAME	TYLER, DEBBIE A		1.2 NAME				
STREET ADDRESS	7032 International Drivi	E	1.3 STREE	T ADDRESS			
City+St-ziP	ORLANDO FL 32819		1.4 CITY -	ST-ZIP			
Titte	D	DELET	E 2.1 TITLE			Change	Addition
NAME	BROWNE, TERENCE	_	2.2 NAME			gr ma	
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP	ORLANDO FL 32819	DELET	2. 4 CHTY- E 3.1 TVILE	ST-ZIP		Change	Addilion
NAME	1		3.2 NAME			Unango Lug	, riddillon
STREET ADORESS				T ADDRESS			
City - St - ZiP			3.4. CITY-				'
TILE		DELET				☐ Change	Addition
NAME	}		4. 2 NAME				
STREET ADORESS	5		4.3 STREE	ADORESS			
CITY-\$1-712			44 CITY-	ST-ZIP	······		
TIFLE		☐ DELET				Change	Addition
NAME			5.2 NAME	l.			
STREET ADDRESS	8			T ADDRESS			
THLE		☐ DELET	5,4 CITY- E 6.1 TITLE	SI-7IP		Change	Addition
NAME		E DILLI	6.2 NAME			busin trimings	
STREET ADDRESS	R.			T ADDRESS			
STITEL FAIRFULESS	'		U.a SINEE	, VIDILITY			

14. Lob 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.