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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000060579 (4)

ļ	IRISH 7	rimes, inc.										
Principal Place of Business Mailing Address										03) 03 0 9		
8	SE 3RD AV Buite 1860 Nami FL 331		SUITE	1 SE 3RD AVENUE SUITE 1860 MIAMI FL 33131				3	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
								[]	07/11/1997			
2. Principal Place of Business			2s. Mai	2s. Mailing Address				4	. FEI Number] Ar	plied Far
21	21			26							XING	t Applicable
	■ L:==			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional
22			27						, Continuate of Glatus Desired		Fee Re	quired
Ь.,	City & State			City & State			6	3. Election Campaign Financing	_	\$5.00	May Be	
23		28			-1	Country			Trust Fund Contribution		Added	
	Zip	Country	Zip		\vdash	intry	<i>(</i>	8	3. This corporation owes or has p			
24		25 29 30 30 9. Name and Address of Current Registered Agent							Personal Property Tax due Jur Name and Address of New F] No
\vdash	DF/		aur Maßieraier	2 Marit		B1	Name		J. Haile alla Augress of New F	TOGISTOIGU	Agent	
REISER, RAYMOND A 1 SE 3RD AVENUE						L					<u> </u>	
							Street Add	dress ((P.O. Box Number is Not Accept	able)		
SUITE 1860 MIAMI FL 33131						83						
l	MIN	4MI FL 33131			i		<u> </u>					
ľ						84	City			FL	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 chan 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 appointm agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									f changing it	s registered registered		
SI	GNATURE	Signature, typed or printed name of registered a	gent and title if aunt	icable (NO	ITE: Registerer	i Ane	ent signature req	uited whe	en reinstating)	DATE		
12			ND DIRECTOR		13.				ADDITIONS/CHANGES TO OFF		DIRECTOR	S IN 12
TIT	LE	D		DELETE 1.1 To		TLE					Change	Addition
NA	NAME TODD, FRANK N			1.21		1.2 NAME						Í
ST	STREET ADDRESS 321 LOFTING WAY			1.3			1.3 STREET ADDRESS					
CITY-ST-ZIP		STEWART FL 34996			1.4 00	TY-S	ST-ZIP]
TIT	.E	D		DELETE	21 111	TLE					Change	Addition
NA	ME	112.02.1, 12.1,111.2.12.11			2.2 NA	AME						
STREET ADDRESS 1SE 3RD AVENUE SUITE 1860			:60		2.3 ST	REFT	ADDRESS					ĺ
CITY-ST-ZIP MIAMI FL 33131					2. 4 CI	ITY - S	ST-ZIP					
717	.E			☐ DELETE			3.1 YITLE				Change	Addition
NAJ	NAME				3.2 NA	ME						
STF	EET ADDRESS				3.3 ST	REET	ADDRESS					
_	Y-ST-ZIP						ST - ZIP					
TIT	.E			☐ DELETE	41 111	ILE					☐ Change	☐ Addition
NAI	AE .				4. 2 N	AME						
STR	EET ADDRESS				4.3 ST	REET	ADDRESS					
	Y-\$T-ZIP			10	4.4 CI		T-ZIP					
TIT				DELETÉ	5.1 717						☐ Change	☐ Addition
NAI					5.2 NA							
STA	EET ADDRESS						ADDRESS					
_	Y-ST-ZIP				5.4 CI		T-ZiP					
TITL				DELETE	6.1 TH						Change	Addition
NAM				6.2 NAM								
STR	EET ADDRESS				6.3 ST	REET	ADDRESS					Î

6.4 CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

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 trusted 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 or an attachment with an address.

FILED

Feb 02 1998 8:00am

Secretary of State