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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075093

1. Corporation Name

IRISH MIST, INC.

Mailian Address

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90065 007 ***150.00



Principal Place	e of Business	Mailing Address						
490 ROCKLEY BLVD. 490 ROCKLEY BLVD.								
VENICE FL 34293 VENICE FL 34293					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
	•				08/29/1997			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A	Applied For	
21 39.	20 Cherry Blus	26 3939 (Ne	WA! L	5/VD	65-0790614		ot Applicable	
Suite, Apt. #, etc Suite, Apt. #, etc Suite, Apt. #, etc.					5. Certifcate of Status Desired \$8.75. Additional Fee Required			
22 27								
City & State City & State City & State 28 Lutz , FL 28 Lutz , FL			<u></u>		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country Zip Country				,	8. This corporation owes the current year Int	anaible		
24 33549 25 29 33549 30			¬ ·		Personal Property Tax. Yes No			
	9. Name and Address of Current	Registered Agent		T	10. Name and Address of New Registered	Agent		
850	WAL THOUGH		81	Name				
BROWN, THOMAS 1800 SECOND STREET				82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 903				1			———	
SARASOTA FL 34236								
			84	City	FL	. 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named corp	poration submits this statement for the purpose of	changing i	ts 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 607.0505, Florida Statutes.								
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requirements) 12. OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	FORS IN 12	
TITLE	PSTD	DELETE 1.11			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change		
	BROWN, THOMAS		1.2 NAME				[
NAME	4000 OFOCHID OTDEET OTF 000			T ADDRESS			į	
STREET ADDRESS	CADACOTA EL 04000]	
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	11-21		[] Change	e	
TITLE	2 37 2 3		2.1 TITLE 2.2 NAME			_ •	_	
NAME	JAMES STACK KOOLE 22N			TARROTTE			1	
STREET ADDRESS	3737 676 776 776			TADDRESS	and the second second		<i>=</i>	
CITY-ST-ZIP			2.4 CITY-5 3.1 TITLE	SI-ZIP		[] Change	Addition	
TITLE								
NAME			3.2 NAME					
STREET ADDRESS				TADDRESS				
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TITLE	, , , , , , , , , , , , , , , , , , ,	☐ DELETE	4.1 TITLE			ccg	- "	
NAME			4. 2 NAME]	
STREET ADDRESS				TADDRESS			-	
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TITLE		☐ DELETE	5.1 TITLE		•	LJ Glially		
NAME			5.2 NAME	TADDRESS				
STREET ADDRESS				TADORESS				
CITY-ST-ZIP			5.4 CITY- 9 6.1 TITLE	11-ZP		Chang	e Addition	
(TITLE :		☐ DELETE	ŀ				L.J Addition	
NAME .			6.2 NAME				1	
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			6.4 CITY- 9	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 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 appaddress, with all other like empowered.

CITY-ST-ZIP