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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

1999

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#	P98000019967-
1. Corporation Name	,

Shamrock Fashions, Inc.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90148 009 ***150.00



!						1 4 9 3	1 4 6	*	
Principal Place of Business Mailing Address			493146 - 90	148 - 9	_				
1325 1	Bay Harbor Drive	1325	Bay Ha	rbor	Drive	,			_
		Palm Harbor, FL 34685		DO NOT WRITE IN THIS SPACE					
i						3. Date Incorporated or Qualified			
<u> </u>							2-24		
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number 5.0. 2.40.71.	10	Applied f			
21 Suite And	1 # _1_	26 Suite	Ant # ata			59-3497140 Not Applicable 5 Cadificate of Status Paginal Status Pagina Pa			
Suite, Apt	t. #, etc.	27 Suite.	Apt. #, etc.			Certificate of Status Desired		O Additiona equired	"
City & Sta	nte	City &	State		-	6. Election Campaign Financing			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Countr	y	8. This corporation owes the current year Intangible Personal			1
24	25	29	30	<u> </u>		Property Tax.	Yes	X No	
<u> </u>	9. Name and Address of Current	Registered A	Agent			10. Name and Address of New Reg	istered Agen	ıt	
Suzanı	ne Poteat			81	Name				
	Bay Harbor Drive			82	Street Addr	ess (P.O. Box Number is Not Acceptable	е)		$\neg \uparrow$
l .	Harbor, FL 34685			_					
1 .				83	3) .			, , , , , , ,	,
7.				84	City:		85	Zip Code	
190	1	-1 007 450	0.51-11-01-11	6.5			<u> </u>		
registere	d office or registered agent, or both, in	the State of F	Florida, Such cha	inge was	authorized by	corporation submits this statement for t y the corporation's board of directors. I			
as registe	ered agent. I am familiar with, and acce	ept the obliga	tions of, Section	607.050	5, Florida Stat	lutes.			
SIGNATURE									_
12.	Signature, typed or printed name of registers OFFICERS AND DI		tie if applicable.	(NO)	E: Registered A	gent signature required when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE S AND DIREC	TORS IN 1	, §
TITLE	Director	NEO TONO	DELETE	1.1 TITLE		PERMITTING PRINCES TO GET TOTAL			2 doi:
NAME	Suzanne Poteat			1.2 NAMI					
STREET ADDRESS		Drizzo		1.3 STRE	ET ADDRESS				R2F034
CITY - ST - ZIP	1325 Bay Harbor Palm Harbor, FL	DITAG	=	1.4 CITY	- ST - ZIP				3
TITLE	President	- 2400.	DELETE	2.1 TITLE	:		Ch	ange A	ddition C
NAME	Sandra B. O'Hara			2.2 NAMI	[]		· <u></u>		1
STREET ADDRESS				2.3 STRE	ET ADDRESS				
CITY - ST - ZIP	1454 Bay Harbor	Drive		2.4 CITY					
TITLE	larm Harbor, 15	5 100.	DELETE	3.1 TITLE			[] <i>C</i> h	ange LA	ddition
NAME	1			3.2 NAME					
STREET ADDRESS	1				ET ADDRESS				
CITY - ST - ZIP			- Constant	3.4 CITY					defition
TITLE	1		DELETE	4.1 TITLE	1		பும	angeA	ddition
NAME STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP				4.4 CITY					
TITLE			DELETE	5.1 TITLE				ange A	ddition
NAME			Poereie	5.2 NAME		•	ω	 	daton
STREET ADDRESS					ET ADDRESS	-		'	
CITY - ST - ZIP				5.4 CITY				,	
TITLE	£7.5.5.		DELETE	8.1 TITLE				ange A	ddition
NAME	egi s stadio a			8.2 , NAME			" — "		.
STREET ADDRESS	CB VVG SAM	.,			ET ADDRESS		10.23		
					-ST - 7IP		1		1

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/orion an attachment with an address, with all other like empowered.

SIGN	AΤι	JRE:
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STF FL32381F.1

Suzanne O. Potent

727-781-2023