


**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90103 028 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000064868**

1. Corporation Name  
**IRISH ACCENTS, INC.**



Principal Place of Business  
**57662 MORTON STREET**  
**MARATHON FL 33050**

Mailing Address  
**57662 MORTON STREET**  
**MARATHON FL 33050**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>307 Key Colony Beach</b>		26		07/23/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 <b>CAUSEWAY</b>		27		65-0851-784	
City & State		City & State		Applied For	
23 <b>Key Colony Beach, FL</b>		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>	
24 <b>33051</b>		29		\$8.75 Additional Fee Required	
25 <b>USA</b>		30		6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KIRWAN, DAVID P**  
**6803 OVERSEAS HWY**  
**MARATHON FL 33050**

10. Name and Address of New Registered Agent

81 Name **FRANCIS NOLAN**  
 82 Street Address (P.O. Box Number is Not Acceptable) **57662 MORTON ST**  
 83  
 84 City **MARATHON** FL 85 Zip Code **33050**

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 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Francis Nolan** **FRANCIS NOLAN PRESIDENT** 4/21/99  
 Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRESIDENT</b>	1.2 NAME	<b>P - FRANCIS NOLAN</b>
STREET ADDRESS	<b>FRANCIS NOLAN</b>	1.3 STREET ADDRESS	<b>57662 MORTON ST</b>
CITY-ST-ZIP	<b>MARATHON FL 33050</b>	1.4 CITY-ST-ZIP	<b>MARATHON FL 33050</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VICE-PRESIDENT</b>	2.2 NAME	<b>VP - JENNIFER NOLAN</b>
STREET ADDRESS	<b>JENNIFER NOLAN</b>	2.3 STREET ADDRESS	<b>57662 MORTON ST</b>
CITY-ST-ZIP	<b>MARATHON FL 33050</b>	2.4 CITY-ST-ZIP	<b>MARATHON FL 33050</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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, with all other like empowered.

SIGNATURE: **Jennifer A. Nolan** **JENNIFER A NOLAN** 4/21/99 (305) 389-3266  
 Signature and typed or printed name of signing officer or director Date Lifetime Phone #

CR2E034 (1/198)