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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90098 023 ***150.00

DOCUMENT # S08025 1. Corporation Name

O'FARRELLS IRISH PUB & RESTAURANT, INC.

Principal Place	of Business	Mailing Address				1,184	tale mr. bålär lettr bi		. 41811 4141	
1407 GULF BLV	D.	1407 GULF BLVD.								
INDIAN ROCKS BEACH FL 34635 INDIAN ROCKS BEACH FL 34			EACH FL 34635	5		20 1107 1107 1117 1117 22 22 22				
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						10/22/1	1990		 _	
2. Principal Pl	lace of Business	2a. Mailing Addr	ess			4. FEI Num			⊢ + - ÷ ·	olied For
21		26				59-303	69 <u>87</u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certifcate	of Status Desire	ed 🔲	\$8.75 A Fee Red	
22		27								
City & State	e	City & State					Campaign Finand nd Contribution		\$5.00 i Added to	
Zip	Country	Zip		Country			oration owes the	current year l		/
⊢	25	29	30	Country		1	Property Tax.	current year t		No
24	9. Name and Address of Current		_ 1001	7			d Address of N	ew Registere	d Agent	
	<u> </u>			81 Na	ame M	ok	LUCKE			
WICH	(S, VALERIE			99 0	7.174	(A) Bay I	wmbar is Alat As	contable)		
	GULF BLVD.						tumber is Not Ac	ZRECK	PT.	
INDIA	AN ROCKS BEACH FL 34635			83	***					
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11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Flori	da Statutes, the	e above-na	med corpo	ration submits,	this statement fo	the purpose of	of changing its	registered
office or n	egistered agent, or both, in the State of medical from the state of the following medical from the obligation of the obl	of Florida. Such chan	ge was author:	ized by the	corporation	n's board of dire	ectors. I nereby a	iccept the app	omiment as reg	Jistered
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OLONIATIES.		NIAPR	\ <i>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \</i>	117	1/40	SIDON	/ INCOVIA	N 1-1 1 1	1 1 7 7	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registe	tered Agent sign	nation required	when reinstating)	<u> </u>	DATE	1 1	
SIGNATURE	OFFICERS AND	DIRECTORS	1	13.	nature required	when reinstating) ADDITION	IS/CHANGES TO	DATE		
	OFFICERS AND	DIRECTORS	ELETE 1.	13. 11 TITLE	PD	when reinstating) ADDITION	IS/CHANGES TO	DATE	AND DIRECTO	RS IN 12
12.	PD WICK, VALERIE	DIRECTORS	1. 1. 1.	13. 11 TITLE 12 NAME	PD	ADDITION CKS MA	IS/CHANGES TO	OFFICERS A		
12.	PD WICK, VALERIE 1407 GULF BLVD.	D DIRECTORS	1. 1. 1.	13. 11 TITLE	PD WI	ADDITION CKS MA CHAR	S/CHANGES TO	OFFICERS A		
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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: