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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1997 DOCUMENT # **V54795** IRISH PUBS & RESTAURANTS, INC. Principal Place of Business Mailing Address 2977 MCFARLANE RD. 2977 MCFARLANE RD. COCONUT GROVE COCONUT GROVE MIAMI FL 33133-8033 MIAMI FL 33133 3. Date Incorporated or Qualified 3a. Date of Last Report 07/29/1992 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3131804 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zio Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name SINCLAIR, LESLIE 2977 MCFARLANE RD. 82 Street Address (P.O. Box Number is Not Acceptable) **COCONUT GROVE** 83 **MIAMI FL 32829** 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 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 Signature, typed or printed name or registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition D 1.1 TITLE TITLE SINCLAIR, LESLIE NAME 1.2 NAME 4845 LUMBERTON DR 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY - ST - ZIP 1.4 CITY - ST - ZIP Change DELETE Addition 21 TITLE TITLE MALAUGH, CAROLINE 2.2 NAME NAME 4845 LUMBERTON DR STREET ADDRESS 23 STREET ADDRESS ORLANDO FL CITY - ST - ZIF 2 4 CHY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CHTY - ST - ZIP DELETE Change 4.1 TITLE Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - St - ZIP CITY - ST - ZIP ☐ DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

CAROLINE MALAUGH

FILED

Jan 16 1997 8:00am