

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Furthar
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049675 (8)

1. Corporation Name
O'CASEY'S IRISH CRYSTAL CO.



Principal Place of Business: 811 COURT ST CLEARWATER FL 34616
Mailing Address: 811 COURT ST CLEARWATER FL 34616

3. Date Incorporated or Qualified: 06/23/1995
3a. Date of Last Report

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-3324902 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
KAHLMAYER, JAMES C
811 CT ST
CLEARWATER FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ (NOTE: Registered Agent Signature required when transferring) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D KAHLMEYER, JAMES C	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHLMEYER, JAMES C	1.2 NAME
STREET ADDRESS	1270 GULF BLVD #1201	1.3 STREET ADDRESS
CITY-ST-ZIP	CLEARWATER FL 34630	1.4 CITY-ST-ZIP
TITLE	D KAHLMEYER, JUDITH A	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHLMEYER, JUDITH A	2.2 NAME
STREET ADDRESS	1270 GULF BLVD #1201	2.3 STREET ADDRESS
CITY-ST-ZIP	CLEARWATER FL 34630	2.4 CITY-ST-ZIP
TITLE	D FARON, KATHLEEN	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARON, KATHLEEN	3.2 NAME
STREET ADDRESS	3811 HOPEWELL RD	3.3 STREET ADDRESS
CITY-ST-ZIP	WENTZVILLE MO 63385	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

300001773123
-04/09/96--01018--010
***200.00
2/48

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *James C. Kahlmayer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

813-449-2700
DISTRICT PHONE #

CR2E034 (12/95)