

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

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90032 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049675

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



DO NOT WRITE IN THIS SPACE

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

4. FEI Number

59-3324902

Applied For
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip 25 Country

29 Zip 30 Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAHLMAYER, JAMES C
811 CT ST
CLEARWATER FL

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 607.1508, 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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME KAHLMAYER, JAMES C
STREET ADDRESS 1560 1270 GULF BLVD #1201 1001
CITY-ST-ZIP CLEARWATER FL 34630

1.1 TITLE D Change Addition
1.2 NAME KAHLMAYER, JAMES C.
1.3 STREET ADDRESS 1560 GULF BLVD # 1001
1.4 CITY-ST-ZIP CLEARWATER, FL 33767

TITLE D DELETE
NAME KAHLMAYER, JUDITH A
STREET ADDRESS 1560 1270 GULF BLVD #1201 1001
CITY-ST-ZIP CLEARWATER FL 34630

2.1 TITLE D Change Addition
2.2 NAME KAHLMAYER, JUDITH A.
2.3 STREET ADDRESS 1560 GULF BLVD #1001
2.4 CITY-ST-ZIP CLEARWATER, FL 33767

TITLE D DELETE
NAME FARON, KATHLEEN
STREET ADDRESS 3811 HOPEWELL RD
CITY-ST-ZIP WENTZVILLE MO 63385

3.1 TITLE D Change Addition
3.2 NAME FARON, KATHLEEN
3.3 STREET ADDRESS 3811 HOPEWELL ROAD
3.4 CITY-ST-ZIP WENTZVILLE, MO 63385

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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: James C. Kahlmayer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99 727-449-2700
Date Daytime Phone #

CR2E034 (1/198)