

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:48

DOCUMENT # **G85025** (6)

1. Corporation Name
THE PELICAN LANDSCAPE CO., INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
% Ppanzo & Mullen **% Ppanzo & Mullen**
369 LEXINGTON AVE. 24TH FLOOR **369 LEXINGTON AVE. 24TH FLOOR**
NEW YORK, NY. 10017-6559 **NEW YORK, NY. 10017-6559**
US **US**

3. Date Incorporated or Qualified **02/16/1984** 3a. Date of Last Report **02/21/1994**

2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 13-3202205		Applied For Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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 607.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	US	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRANZO, GENE M.	1.2 NAME	
STREET ADDRESS	369 LEXINGTON AV 24 FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY. 10017	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALFORD, RICHARD S.	2.2 NAME	
STREET ADDRESS	369 LEXINGTON AV 24 FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALFORD, DORIS K.	3.2 NAME	
STREET ADDRESS	369 LEXINGTON AV 24 FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	3.4 CITY-ST-ZIP	
TITLE	DCT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALFORD, RICHARD	4.2 NAME	
STREET ADDRESS	369 LEXINGTON AV 24 FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	4.4 CITY-ST-ZIP	
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, CAROL	5.2 NAME	
STREET ADDRESS	369 LEXINGTON AV 24 FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	5.4 CITY-ST-ZIP	
TITLE		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 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Gene M. Pranzo* **Gene M. Pranzo**
SECRETARY/DIRECTOR **Secretary/Director** 1-18-95 212-682-3700
Signature and typed or printed name of signing officer or director Title Telephone #