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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **G85025** **(6)**

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

Principal Place of Business	Mailing Address
% PPANZO & MULLEN 369 LEXINGTON AVE. 24TH FLOOR NEW YORK. NY. 10017-6559 US	% PPANZO & MULLEN 369 LEXINGTON AVE. 24TH FLOOR NEW YORK. NY. 10017-6559 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1984

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

4. FEI Number: 13-3202205 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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	DS	☐ DELETE	1.1 TITLE	☐ Change ☐ 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	☐ DELETE	2.1 TITLE	☐ Change ☐ 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	☐ DELETE	3.1 TITLE	☐ Change ☐ 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	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TALFORD, RICHARD	DECEASED 5/13/97	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	☐ DELETE	5.1 TITLE	☐ Change ☐ 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		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: Gene M. Pranzo Secretary/Director 3-27-98 (212) 682-3700