

**FILE NOW: FILING FEE AFTER MAY 1 IS \$255.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # L35901 (2)**  
1. Corporation Name  
**PELICAN COVE, INC.**



Principal Place of Business: **1415 DIPLOMAT PARKWAY HOLLYWOOD FL 33019**  
Mailing Address: **1415 DIPLOMAT PARKWAY HOLLYWOOD FL 33019**

3. Date Incorporated or Qualified: **12/13/1989**  
3a. Date of Last Report: **04/11/1995**  
4. FEI Number: **65-0163975**  
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

2. Principal Place of Business: 21, 22, 23  
2a. Mailing Address: 26, 27, 28  
24. Zip: 25, 29, 30

9. Name and Address of Current Registered Agent  
**HURWITZ, JEROME  
3554 OCEAN DRIVE  
VERO BEACH FL 32963-1399**

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 of typed or printed name of registered agent and their agent in name of the Registered Agent Signature required when transferring.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARK, KENNETH</b>	1.2 NAME	
STREET ADDRESS	<b>1415 DIPLOMAT PARKWAY</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HURWITZ, JEROME</b>	2.2 NAME	
STREET ADDRESS	<b>3554 OCEAN DRIVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>VERO BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRONSTHER, BRIAN</b>	3.2 NAME	
STREET ADDRESS	<b>77 LAUREL STREET, STE 8B</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LEE MA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JULIAN, CHARLES</b>	4.2 NAME	
STREET ADDRESS	<b>212 POE DRIVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JULIAN, ROBERT</b>	5.2 NAME	
STREET ADDRESS	<b>212 POE DRIVE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>	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	

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: *Charles Julian* DIRECTOR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: \_\_\_\_\_ Daytime Phone #: **754-0532**

CR2E034 (12/95)