

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

**FILED**

**May 06 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 33019-2229**

3. Date Incorporated or Qualified: **12/13/1989**  
3a. Date of Last Report: **05/01/1996**  
4. FEI Number: **65-0163975**  
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

2. Principal Place of Business  
21 Sulte, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
2a. Mailing Address  
26 Sulte, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
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  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code: **FL**

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 re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>HARK, KENNETH</b>	
STREET ADDRESS	<b>1415 DIPLOMAT PARKWAY</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>HURWITZ, JEROME</b>	
STREET ADDRESS	<b>3554 OCEAN DRIVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>BRONSTHER, BRIAN</b>	
STREET ADDRESS	<b>77 LAUREL STREET, STE 88</b>	
CITY-ST-ZIP	<b>LEE MA</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>JULIAN, CHARLES</b>	
STREET ADDRESS	<b>212 POE DRIVE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>JULIAN, ROBERT</b>	
STREET ADDRESS	<b>212 POE DRIVE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: \_\_\_\_\_

CR2E034 (9/96)