

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

19426

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90113 001 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000016161**  
 1. Corporation Name  
**PELICAN CAPITAL INVESTMENTS, INC.**

Principal Place of Business C/O DENNIS J. OLLE. ESQ. 2601 S. BAYSHORE DR., SUITE 1600 MIAMI FL 33133	Mailing Address C/O DENNIS J. OLLE. ESQ. 2601 S. BAYSHORE DR., SUITE 1600 MIAMI FL 33133
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>02/19/1998</b>	
4. FEI Number <b>PENDING</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**OLLE, DENNIS J ESQ.  
 2601 S. BAYSHORE DRIVE  
 SUITE 1600  
 MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name  
**A Z REGISTERED AGENT CORPORATION**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2601 South Bayshore Drive**

83 Suite 1600

84 City **Miami,** 85 Zip Code **FL 33133**

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 **A Z Registered Agent Corporation** By: *Katherine Harris* **7/1/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating.) / M DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO and COB <input type="checkbox"/> DELETE
NAME	Allen C. Harper
STREET ADDRESS	1360 South Dixie Highway
CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	P/D <input type="checkbox"/> DELETE
NAME	Louis Cossato
STREET ADDRESS	1360 South Dixie Highway
CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	S/T/D <input type="checkbox"/> DELETE
NAME	Ronald A. Shuffield
STREET ADDRESS	1360 South Dixie Highway
CITY-ST-ZIP	Coral Gables, FL 33146
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: *Allen C. Harper* **3/1/99** **305-667-8871**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #  
**Allen C. Harper, CEO**

CRZE034 (11/98)