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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 510418

(7)

## PELICAN PLAZA, INC.

1997

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

711 BALD EAGLE DR POST OFFICE BOX 74 MARCO ISLAND FL 33969

Suite, Apt. #, etc.

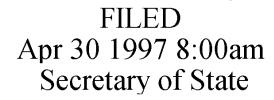
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2. Principal Place of Business

Principal Place of Business

711 BALD EAGLE OR POST OFFICE BOX 74 MARCO ISLAND FL 34146-0074





3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

Not Applicable

05/01/1996

3. Date Incorporated or Qualified

5. Certificate of Status Desired

08/12/1976

59-1725311

4. FEI Number

23 City & Stai	ito	28) City & Star	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zıp	c	ountry	Zip	L	Country	<del>, - , , , , , , , , , , , , , , , , , ,</del>	8. This corporation has liability for	or intangible	ax under s.	199.032,
25 29 30						Florida Statutes 💹 Yes 🗌 No				
	9. Name and A	Address of Current	Registered Agen	ot			10. Name and Address of New	Registered A	.gent	
	VHLY, GREGORY				B1	Name				Į
295 SHADOWRIDGE CT MARCO ISLAND FL 33937						82 Street Address (P.O. Box Number is Not Acceptable)				
					83					
					64	City		Fi	85 Zip C	ode
44 6		10-11- 007.050	607 1600 Fi				and the second of the second o	FL	abanaian itu	a spainteed
office or	registered agent, o am familiar with, an	r both in the State.	of Florida. Such ch	ange was autho	orizad by	the corporal	poration submits this statement for the cion's board of directors. I hereby acc	cept the appo	intment as	registered
SIGNATURE	Blancher toward or more	d name of registered ager	and tela il applicable	JNOTS: Pac	ictored Age	ot circum se consi	red when reinslating)	DATE		
12.	Signature, typest or prints	OFFICERS AND			13.	in agricuse ragon	ADDITIONS/CHANGES TO OF		DIRECTOR	S IN 12
TITLE	PD	سعب عداید در برسانید سع		DELETE	1.1 TITLE				Change	Addition
NAIVÉ	STAHLY, GREG	30RY G		ľ	12 NAME					[:
STREET ADDRESS	1			1	1.3 STREET	ADDRESS				
CITY - ST - ZIP	MARCO ISLAN				1.4 CITY-S	T-ZIP				];
THLE	D			DEFELE	2.1 TITLE				Change	Addition
NAME	STAHLY, MICH			ì	2.2 NAME					1
STREET ADDRESS				ì	23 STREET	ADDRESS		***		
CITY ST ZIF	MARCO ISLAN	D FL			2 4 CITY-	ST-ZIP				
TITLE	1			DELETE	3.1 FITLE	1			L Change	Addition
NAME				3	3.2 NAME	- 1				}
STHEEF ADDRESS				Ţ	3.3 STREET	ADORESS				
CITY - ST - ZIP	ļ			DELEVE	34, CITY-	ST-ZIP	····		Change	Addition
TITLE			<b>↓_</b> J	DELETE	4.1 TITLE				Change	L] Abdillon
NAME	Į			Ł	4. 2 NAME					ţ
STREET ADDRESS				l	4.3 STREET					
CITY-ST-7IP TITLE	<b></b>			DELETE	4.4 CITY - 5 5 1 TITLE	1-217			Change	Addition
NAME			لبيا	1	5.2 NAME				Crango	
STREET ADDRESS				1	5.3 STREET	ADDRESS				}
	}			1		1				}
CITY+ST-ZIP	<del>-</del>				5.4 CITY-S 6.1 T/TLE	11-217			Change	Addition
NAME					6.2 NAME	}				
STREET ADDRESS				4	6.3 STREET	ADDRESS				
CHY-S1-ZIP					6.4 CITY-S					ļ
14. Ldo here	eby certily that the i	nformation supplied	with this filing do	es not qualify fo	the exe	mption state	d in Section 119.07(3)(i), Florida Stat	ites. I further	certify that	the
informat: Lam an d	on indicated on this	s annual report or s I the corporation or	upplemental annua the receiver or tru:	al report is true : stee empowered	and acci	urate and tha	t my signature shall have the same le rt as required by Chapter 607, Florid	egal effect as	if made und	der oath; that