FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

APPROVED
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FILED

95 MAY -1 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **689651** **(8)**

1. Corporation Name

PELICAN PALMS, INC.

Principal Place of Business	Mailing Address
C/O OLIVIA SHELLEY 2460 NORTHWEST 46TH STREET BOCA RATON FL 33431	C/O OLIVIA SHELLEY 2460 NORTHWEST 46TH STREET BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1980	3a. Date of Last Report: 05/11/1994
4. FEI Number: 59-2025840	☐ 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/will be filing tangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHELLEY, OLIVIA 2460 NORTHWEST 46TH STREET BOCA RATON FL 33431	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 607.050, 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
31 TITLE	PD	71 TITLE	VP ☐ Change ☒ Addition
32 NAME	SHELLEY, OLIVIA	72 NAME	SHELLEY, GEORGE
33 STREET ADDRESS	2460 N.W. 46TH STREET	73 STREET ADDRESS	1412 SW 13th Court
34 CITY-ST-ZIP	BOCA RATON FL	74 CITY-ST-ZIP	Pompano Beach, FL 33069
35 TITLE		75 TITLE	☐ Change ☐ Addition
36 NAME		76 NAME	
37 STREET ADDRESS		77 STREET ADDRESS	
38 CITY-ST-ZIP		78 CITY-ST-ZIP	
39 TITLE		79 TITLE	☐ Change ☐ Addition
40 NAME		80 NAME	
41 STREET ADDRESS		81 STREET ADDRESS	
42 CITY-ST-ZIP		82 CITY-ST-ZIP	
43 TITLE		83 TITLE	☐ Change ☐ Addition
44 NAME		84 NAME	
45 STREET ADDRESS		85 STREET ADDRESS	
46 CITY-ST-ZIP		86 CITY-ST-ZIP	
47 TITLE		87 TITLE	☐ Change ☐ Addition
48 NAME		88 NAME	
49 STREET ADDRESS		89 STREET ADDRESS	
50 CITY-ST-ZIP		90 CITY-ST-ZIP	
51 TITLE		91 TITLE	☐ Change ☐ Addition
52 NAME		92 NAME	
53 STREET ADDRESS		93 STREET ADDRESS	
54 CITY-ST-ZIP		94 CITY-ST-ZIP	
55 TITLE		95 TITLE	☐ Change ☐ Addition
56 NAME		96 NAME	
57 STREET ADDRESS		97 STREET ADDRESS	
58 CITY-ST-ZIP		98 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is complete, accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Olivia Shelley 4/21/95 78

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0250037 CP