SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: 09/30/1980
3a. Date of Last Report: 05/01/1995
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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 #3 Hendricks Isle	26 1412 S.W. 13th Ct.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft. Lauderdale, FL	City & State 28 Pompano Beach, FL
Zip 24 33301 / Country 25 USA	Zip 29 33069 / Country 30 USA

9. Name and Address of Current Registered Agent

SHELLEY, OLIVIA
2460 NORTHWEST 46TH STREET
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name: Shelley, Olivia (SAME)
82 Street Address (PO Box Number is Not Acceptable): #3 Hendricks Isle
83
84 City: Ft. Lauderdale, FL — **FL** — 85 Zip Code: 33301

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 ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	SHELLEY, OLIVIA		1.2 NAME	
STREET ADDRESS	2460 NW 46TH STREET		1.3 STREET ADDRESS	#3 Hendricks Isle
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHELLEY, GEORGE		2.2 NAME	
STREET ADDRESS	1412 SW 13TH COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] — 6-10-96 — (954) 782-3885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
George R. Shelley, V.P.

CR2E034 (3/96)