

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90023 002 *1,050.00

DOCUMENT # 854566

1. Corporation Name

THE PELICAN GIFT SHOP CO., INC.

Principal Place of Business

C/O GENE M. PRANZO
369 LEXINGTON AVENUE 24TH FLOOR
NEW YORK NY 10017-6559
US

Mailing Address

C/O GENE M. PRANZO
369 LEXINGTON AVENUE 24TH FLOOR
NEW YORK NY 10017-6559
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1982

4. FEI Number

59-2181524

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 C/O Gene M. Pranzo
230 Park Avenue

2a. Mailing Address

26 C/O Gene M. Pranzo
230 Park Avenue

Suite, Apt. #, etc.

22 26th Floor

Suite, Apt. #, etc.

27 26th Floor

City & State

23 New York, NY

City & State

28 New York, NY

Zip

24 10169-0069

Country

25 USA

Zip

29 10169-0069

Country

30 USA

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 607.0502 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP ☐ DELETE

NAME TALFORD, RICHARD S.

STREET ADDRESS 369 LEXINGTON AV 24 FL

CITY-ST-ZIP NEW YORK CITY NY 10017

TITLE DP ☐ DELETE

NAME TALFORD, DORIS K.

STREET ADDRESS 369 LEXINGTON AV 24 FL

CITY-ST-ZIP NEW YORK CITY NY 10017

TITLE DS ☐ DELETE

NAME PRANZO, GENE M.

STREET ADDRESS 369 LEXINGTON AV 24 FL

CITY-ST-ZIP NEW YORK CITY NY 10017

TITLE AT ☐ DELETE

NAME POTTER, CAROL

STREET ADDRESS 369 LEXINGTON AV 24 FL

CITY-ST-ZIP NEW YORK CITY NY 10017

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

230 Park Avenue, 26th Floor
New York, NY 10169-0069

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

230 Park Avenue, 26th Floor
New York, NY 10169-0069

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

230 Park Avenue, 26th Floor
New York, NY 10169-0069

41 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

230 Park Avenue, 26th Floor
New York, NY 10169-0069

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

Gene M. Pranzo

Gene M. Pranzo

2-02-99

212-682-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)