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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 854567

(5)

1. Corporation Name
THE PELICAN NURSERY 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 10017-6506
US

3. Date Incorporated or Qualified 11/02/1982
3a. Date of Last Report 02/28/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
22-2424479

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	TALFORD, RICHARD S.	
STREET ADDRESS	369 LEXINGTON AV 24 FL	
CITY-ST-ZIP	NEW YORK CITY NY 10017	
TITLE	DCT	<input type="checkbox"/> DELETE
NAME	TALFORD, RICHARD	
STREET ADDRESS	369 LEXINGTON AV 24 FL	
CITY-ST-ZIP	NEW YORK CITY NY 10017	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	TALFORD, DORIS	
STREET ADDRESS	369 LEXINGTON AV 24 FL	
CITY-ST-ZIP	NEW YORK CITY NY 10017	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	PRANZO, GENE M.	
STREET ADDRESS	369 LEXINGTON AV 24 FL	
CITY-ST-ZIP	NEW YORK CITY NY 10017	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	POTTER, CAROL	
STREET ADDRESS	369 LEXINGTON AV 24 FL	
CITY-ST-ZIP	NEW YORK CITY NY 10017	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 do 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 attachment with an address.

SIGNATURE: *Gene M. Pranzo* REQUIRED Gene M. Pranzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary/Director 2-18-97 (212) 682-3700

CR2E034 (9/96)