


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

FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **854567** (5)  
1. Corporation Name  
**THE PELICAN NURSERY CO., INC.**



Principal Place of Business <b>C/O GENE M. PRANZO 369 LEXINGTON AVENUE 24TH FLOOR NEW YORK NY 10017-6559 US</b>	Mailing Address <b>C/O GENE M. PRANZO 369 LEXINGTON AVENUE 24TH FLOOR NEW YORK NY 10017-6559 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>11/02/1982</b>	
				4. FEI Number <b>22-2424479</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TALFORD, RICHARD S.</b>	1.2 NAME	
STREET ADDRESS	<b>369 LEXINGTON AV 24 FL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK CITY NY 10017</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DCT</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TALFORD, RICHARD</b> <b>DECEASED 5/13/97</b>	2.2 NAME	
STREET ADDRESS	<b>369 LEXINGTON AV 24 FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK CITY NY 10017</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TALFORD, DORIS</b>	3.2 NAME	
STREET ADDRESS	<b>369 LEXINGTON AV 24 FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK CITY NY 10017</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRANZO, GENE M.</b>	4.2 NAME	
STREET ADDRESS	<b>369 LEXINGTON AV 24 FL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK CITY NY 10017</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POTTER, CAROL</b>	5.2 NAME	
STREET ADDRESS	<b>369 LEXINGTON AV 24 FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK CITY NY 10017</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, changed, or on an attachment with an address.

SIGNATURE: **Gene M. Pranzo** **Gene M. Pranzo** Secretary/Director 2-27-98 (212) 682-3700

CR2E034 (10/97)