


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

FILED

Feb 13 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 # F46121 (2)					
1. Corporation Name PELICAN AUTOMOTIVE, INC.					
Principal Place of Business 7611 S. TAMiami TRl SARASOTA FL 34231 US			Mailing Address 7611 S. TAMiami TRl SARASOTA FL 34231-6839 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/24/1981	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 07/23/1996	
City & State 23		City & State 28		4. FEI Number 59-2130550	
Zip 24		Country 25		Applied For <input type="checkbox"/> Not Applicable	
Zip 29		Country 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent STRODE, WILLIAM 720 S ORANGE AVE SARASOTA FL 33578			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	V	<input type="checkbox"/> DELETE			
NAME	BOX, DAVID F				
STREET ADDRESS	7611 S. TAMiami TRAIL				
CITY - ST - ZIP	SARASOTA FL				
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	DEAN, ROGER				
STREET ADDRESS	2235 OKACHOBEE BLVD				
CITY - ST - ZIP	W PALM BCH, FL 00000				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	DEAN, ROGER				
STREET ADDRESS	2235 OKACHOBEE BLVD				
CITY - ST - ZIP	W PALM BCH, FL 00000				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					



CR2E034 (9/96)

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 an attachment with an address.

SIGNATURE _____ DATE _____