

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93109** (9)

1. Corporation Name  
**PELICAN POINTE CORP.**



Principal Place of Business: **9600 US HWY ONE SOUTH SEBASTIAN FL 32958**  
Mailing Address: **9600 US HWY ONE SOUTH SEBASTIAN FL 32958**

3. Date Incorporated or Qualified: **08/03/1982**  
3a. Date of Last Report: **04/12/1995**  
4. FEI Number: **59-2216797**  
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**CANTER, WILLIAM  
9600 US HWY ONE SOUTH  
SEBASTIAN FL 32958**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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]* DATE: **3-15-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FOSTER, VERNON 3501 PLAZA HOLLW DRIVE WINSTON SALEM NC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD CHEEK, CALDWELL 9600 U.S. HIGHWAY ONE SEBASTIAN FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ST CANTER, WILLIAM U.S. HIGHWAY ONE SEBASTIAN FL	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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41916 JR

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* President DATE: **3-15-96**

CR2E034 (12/95)