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

CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93109 (9)

PELICAN POINTE CORP. Principal Place of Business Mailing Address **FILED**

Apr 15 1998 8:00am

Secretary of State

9800 US HWY ONE SOUTH SEBASTIAN FL 32958	9800 US HWY ONE SOUTH SEBASTIAN FL 32958		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 08/03/1982	SPACE
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
नी	26		59-2216797	Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 26	Zip Coi	untry	 This corporation owes or has paid the current Personal Property Tax due June 30. 	irrent year Intangible Yes D No
g, Name and Address of Currer	nt Registered Agent	10. Name and Address of New Registered	Agent	
CANTER, WILLIAM 9800 US HWY ONE SOUTH SEBASTIAN FL 32958	82 Street Addre 83 84 City	ess (P.O. Box Number is Not Acceptable)	85 Zip Code	
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	of Florida. Such change was authorize	bove-named corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the applications are submitted to the purpose of t	of changing its registered

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 reinstaling) DATE							
12.	OFFICERS AND DIR		13.	quired when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD OFFICERS AND DIRE	DELETE	13. 11 TOLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	FOSTER, VERNON		1.2 NAME				
STREET ADDRESS	3501 PLAZA HOLLW DRIVE						
			1.3 STREET ADDRESS				
CITY-ST-ZIP	WINSTON SALEM NC	DELETE	1.4 CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE	VD	☐ OELETE	2.1 TITLE	Citalige Addition			
NAME	CHEEK, CALDWELL		2.2 NAME				
STREET ADDRESS	9600 U.S. HIGHWAY ONE		2.3 STREET ADDRESS				
CITY-ST-ZIP	SEBASTIAN FL	DELETE	2. 4 CITY-ST-ZIP	Change Addition			
TITLE	ST	T DECEME	3.1 TITLE	Change Addition			
NAME	CANTER, WILLIAM		3.2 NAME				
STREET ADDRESS	U.S. HIGHWAY ONE		3.3 STREET ADDRESS				
CITY - ST - ZIP	SEBASTIAN FL		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	Change Addition			
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST - ZIP				

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 approximation.

SIGNATURE:

336-785-1123