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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000004015 (2)

PELICAN APARTMENT PROPERTIES, INC.

ESO DOOAD STOCKT

Principal Place of Business

Mailing Address

ESO DOCAN STREET

FILED Feb 20 1997 8:00am Secretary of State



NEWARK NJ 0		NEWARK NJ 07102-3111					
					3. Date incorporated or Qualified 08/21/1995	3a. Date of Last 03/11/1996	
2. Principa l	face of Business	2a. Mailing Address			4. FEI Number	T T	Applied For
21		26			22-3403565		Not Applicable
Suite Apt	# gite:	Suite, Apl. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & Stat	to .	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Adde Adde	d to Fees
	Gountry 1771	Zip	Countr	y	8. This corporation has liability for i	intangible tax unde Yes No	r s. 199.032,
24	25 9. Name and Address of Curre	29 ent Registered Agent	30		Florida Statutes 10. Name and Address of New Re		
CT	CORPORATION SYSTEM		81	Name		<u></u>	
	O SOUTH PINE ISLAND ROAD						
	NTATION FL 33324		82	Street Ado	dress (P.O. Box Number is Not Acceptab	ole)	
			83	ļ ———			
			84	City		FL 85 Z	ip Code
office or agent. La	the the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 607 1508, Florida Statu te of Florida. Such change was igations of, Section 607 0505, F	ites, the abou authorized b lorida Statute	re-named cor y the corpora s	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing of the appointment	g its registered as registered
SIGNATURE	To a chief typicanic proceeds who of to generally	gerd and filler approable (NO	TE: Registered A	ent signature requ	uired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
III.I	PD	☐ DELETE	1 1 TITLE			Chang	je L. Addition
NAME	RYAN, MICHAEL S		12 NAME	İ			
STREET ADDRESS			1.3 STREE	t address			
City-51-7 1	NEWARK NJ 07102	T of the	1.4 CITY	ST-ZIP			
TIH	MAHONY, MARK	DELETE	2.1 TITLE			L Chang	ge [_] Addition
NAME	520 BROAD STREET		2.2 NAME				
STREET AUDIRESS	NEWARK NJ 07102		1 1	TADDRESS			
CITY-ST ZIP	S	DELETE	2.4 GITY 3.1 TITLE	ST-ZIP		Chang	ne Addition
TIFLE	MARTIN, THOMAS L					C. Cuant	ge L. Huulilon
NAME STREET ADUREDS	CON DROAD CIDECT		3.2 NAME	T ADDRESS			
	NEWARK NJ 07102		3.4 CITY	1			
City - St - ZiP Titl F	7	DELETE	4.1 TrillE	-51-7Ir		Chang	ie Addition
NAME.	MORGAN, THOMAS		4. 2 NAM				,
SERELL ADDRESS	520 BROAD STREET		1	T ADDRESS			
CITY ST ZP	NEWARK NJ 07102		4.4 CITY-				
100 St 22	D	DELETE	5 1 TITLE	J. 211		Chang	ge Addition
NAMI	COMPITELLO, YVONNE M		52 NAME				
STREET AUDRESS	520 BROAD STREET			T ADDRESS			
CON SI-7	NEWARK NJ 07102		5.4 C(TY)	1			
Talu	D .	☐ DELFTE	61 TITLE			☐ Chang	ge Addition
NAME	BUCWICK, ROBERT T.		6.2 NAME				
SPREED ADORESS	520 BROADSTREET		6.3 STRE	T ADDRESS			
(01 Y - ST - ZIF	NEWARK NJ		6.4 CITY	ST-ZIP			
					11 O-41 440 07(0)() Elected Out 4-	1.6 0	

I do here by detrity 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 angual 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 depreciation of the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Black 12 or Brock 13 if thringed, of on an attachment with an address

SIGNATURE:

Mark Mahony SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/97

(201) 481-8856

Caytinia Phona #