

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

FILED
Feb 06 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 # F95000004015 (2)

1. Corporation Name

PELICAN APARTMENT PROPERTIES, INC.



Principal Place of Business

520 BROAD STREET
NEWARK NJ 07102

Mailing Address

520 BROAD STREET
NEWARK NJ 07102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

08/21/1995

4. FEI Number

22-3403565

Applied For

Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RYAN, MICHAEL S	
STREET ADDRESS	520 BROAD STREET	
CITY-ST-ZIP	NEWARK NJ 07102	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAHONY, MARK	
STREET ADDRESS	520 BROAD STREET	
CITY-ST-ZIP	NEWARK NJ 07102	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MARTIN, THOMAS L	
STREET ADDRESS	520 BROAD STREET	
CITY-ST-ZIP	NEWARK NJ 07102	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, THOMAS	
STREET ADDRESS	520 BROAD STREET	
CITY-ST-ZIP	NEWARK NJ 07102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COMPITELLO, YVONNE M	
STREET ADDRESS	520 BROAD STREET	
CITY-ST-ZIP	NEWARK NJ 07102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCWICK, ROBERT T.	
STREET ADDRESS	520 BROAD STREET	
CITY-ST-ZIP	NEWARK NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
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	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Nick Saccomondo
4.3 STREET ADDRESS	520 Broad Street
4.4 CITY-ST-ZIP	Newark, NJ 07102
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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	
6.3 STREET ADDRESS	
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 if changed, or on an attachment with an address.

SIGNATURE:

Michael S. Ryan

January 29, 1998 973 481-4479

CR2E034 (10/97)