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Jan 28 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 # F95000004677 (9)

1. Corporation Name
PELICAN HARBOR, INC.



Principal Place of Business
5216 EASTWIND RD.
LOUISVILLE KY 40207

Mailing Address
5216 EASTWIND RD.
LOUISVILLE KY 40207-1628

| | |
|--|--|
| 3. Date Incorporated or Qualified 09/26/1995 | 3a. Date of Last Report 02/12/1996 |
| 4. FEI Number 61-1290206 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. State, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |
| 25. | 30. |

9. Name and Address of Current Registered Agent

MCEL RATH, DAVID
4001 TAMiami TRAIL NORTH, #250
NAPLES FL 33940

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PC | <input type="checkbox"/> DELETE |
| NAME | STRATTON, J. KINGSLEY | |
| STREET ADDRESS | 5216 EASTWIND ROAD | |
| CITY- ST- ZIP | LOUISVILLE KY 40207 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | STRATTON, JAY K | |
| STREET ADDRESS | 1224 EVERETT AVE. | |
| CITY- ST- ZIP | LOUISVILLE KY 40205 | |
| TITLE | TREASURER | <input type="checkbox"/> DELETE |
| NAME | H. JOSEPH SCHUTTE | |
| STREET ADDRESS | 9101 SHELBYVILLE RD. | |
| CITY- ST- ZIP | LOUISVILLE, KY. 40223 | |
| TITLE | V. PRES. | <input type="checkbox"/> DELETE |
| NAME | ROBERT BALDINI | |
| STREET ADDRESS | 5 OLDE GREENHOUSE LN. | |
| CITY- ST- ZIP | MADISON, N.J. 07940 | |
| TITLE | V. PRES. | <input type="checkbox"/> DELETE |
| NAME | ROBERT HOLLOWAY | |
| STREET ADDRESS | 12930 WOODED FOREST | |
| CITY- ST- ZIP | MIDDLEBROWN, KY. 40243 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

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 | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY- ST- ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY- ST- ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY- ST- ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY- ST- ZIP | |
| 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 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: J. Kingsley Stratton J. Kingsley Stratton 1/6/97 502-893-3516
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)