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FILED
May 07 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 # H22644 (9)

1. Corporation Name
PELICAN ESTATES, INC.

Principal Place of Business
% WILLIAM F. KOCH, JR.
214 NE 4TH ST.
DELRAY BEACH FL 33444

Mailing Address
% WILLIAM F. KOCH, JR.
214 NE 4TH ST.
DELRAY BEACH FL 33444-3829



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1984		3a. Date of Last Report 03/25/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2518551		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

KOCH, WILLIAM F., JR.
900 EAST ATLANTIC AVENUE
#14
DELRAY BEACH FL 33444

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
FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, WILLIAM F. III	1.2 NAME	
STREET ADDRESS	900 E. ATLANTIC AVE., #14	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWYNN, WILLIAM E.	2.2 NAME	
STREET ADDRESS	214 N.E. 4TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROYAN, COLIN S. R.	3.2 NAME	
STREET ADDRESS	SEVEN ROTHESAY TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDINBURGH, SCOTLAND	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, PETER HALFORD	4.2 NAME	
STREET ADDRESS	INVERESK HOUSE 1 ALDWYCH	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ENG.	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, WILLIAM F. III	5.2 NAME	
STREET ADDRESS	900 E ATLANTIC AVE #14	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	5.4 CITY-ST-ZIP	
TITLE	AST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWYNN, WILLIAM E	6.2 NAME	
STREET ADDRESS	214 NE 4TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)