

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

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90109 044 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H22644**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/25/1984

4. FEI Number
59-2519551 Applied For
 Yes 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 the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

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

12. OFFICERS AND DIRECTORS		
TITLE	V	<input type="checkbox"/> DELETE
NAME	KOCH, WILLIAM F. III	
STREET ADDRESS	900 E. ATLANTIC AVE., #14	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	GWYNN, WILLIAM E.	
STREET ADDRESS	214 N.E. 4TH ST.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STROYAN, COLIN S. R.	
STREET ADDRESS	SEVEN ROTHESAY TERRACE	
CITY-ST-ZIP	EDINBURGH, SCOTLAND	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWSON, PETER HALFORD	
STREET ADDRESS	INVERESK HOUSE 1 ALDWYCH	
CITY-ST-ZIP	LONDON, ENG.	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KOCH, WILLIAM F. III	
STREET ADDRESS	900 E ATLANTIC AVE #14	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	GWYNN, WILLIAM E	
STREET ADDRESS	214 NE 4TH ST.	
CITY-ST-ZIP	DELRAY BCH. FL	

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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/30/99 561-278-4990
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)