FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H24488** **(9)**

1. Corporation Name
PELICAN TRAVEL OF NAPLES, INC.

Principal Place of Business
462 5TH AVE. SO
NAPLES FL 33940
US

Mailing Address
462 5TH AVE SO.
NAPLES FL 33940
US

3. Date Incorporated or Qualified: 10/09/1984
3a. Date of Last Report: 01/25/1995

2. Principal Place of Business
21 464 Fifth Avenue South
Suite, Apt #, etc
22
City & State
23 Naples, FL
Zip 24 33940
Country 25 US

2a. Mailing Address
26 464 Fifth Avenue South
Suite, Apt #, etc
27
City & State
28 Naples, FL
Zip 29 33940
Country 30 US

4. FEI Number: 59-2453862 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
LIEBERFARB, STANLEY
4001 TAMIAMI TRAIL NORTH
SUITE 330
NAPLES FL 33040

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 607.150e, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: (Signature of Registered Agent or Officer of Registered Agent Corporation) (NOTE: Required if signature is not a Registered Agent) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	DRUCKER, SUSAN	
STREET ADDRESS	311 CONNERS AVE	
CITY, ST, ZIP	NAPLES FL	
TITLE	VPS	☒ DELETE
NAME	DRUCKER, MARK	
STREET ADDRESS	311 CONNERS AVE	
CITY, ST, ZIP	NAPLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	BARNETT, SUSAN	
1.3 STREET ADDRESS	311 Conners Avenue	
1.4 CITY, ST, ZIP	Naples, FL 33963	
2.1 TITLE	S/T	☐ Change ☒ Addition
2.2 NAME	SOLIDAY, LYNN	
2.3 STREET ADDRESS	111 Warwick Hills Drive	
2.4 CITY, ST, ZIP	Naples, FL 33962	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Susan J. Barnett — 2/1/96 — 941-262-5252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)