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FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K59429** (6)

1. Corporation Name
PELICAN HOMES, INC.

Principal Place of Business

**1300 ENTERPRISE DRIVE
UNIT C
PORT CHARLOTTE FL 33953**

Mailing Address

**1300 ENTERPRISE DRIVE
UNIT C
PORT CHARLOTTE FL 33953-3943**

3. Date Incorporated or Qualified

01/19/1989

3a. Date of Last Report

04/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSENBAUM, RICHARD J.
1300 ENTERPRISE DR., UNIT C
PORT CHARLOTTE FL 33953**

81 Name

ANDERSON, RUDY M.

82 Street Address (P.O. Box Number is Not Acceptable)

3502 ACCESS ROAD

83

UNIT 4

84 City

ENGLEWOOD

FL

85 Zip Code

34224

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 officer 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.

RUDY M. ANDERSON

4-7-97

SIGNATURE

Signature type for 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	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEROLF, ERNEST	1.2 NAME	
STREET ADDRESS	1300 ENTERPRISE DR., UNIT C	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEROLF, ERNEST	2.2 NAME	
STREET ADDRESS	1300 ENTERPRISE DR., UNIT C	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEROLF, MARGARETHA	3.2 NAME	
STREET ADDRESS	1300 ENTERPRISE DR., UNIT C	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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(9)(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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97

Daytime Phone #

0407788

CR2E034 (9/96)