

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90011 046 ***150.00

DOCUMENT # **L21139** (5)

1. Corporation Name

PELICAN SHORE PROPERTIES CORP.

Principal Place of Business

**2801-M ESTERO BLVD.
FORT MYERS BEACH FL 33931**

Mailing Address

**2801-M ESTERO BLVD.
FORT MYERS BEACH FL 33931**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1989

4. FEI Number

65-0146519

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 owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ 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

30 Country

9. Name and Address of Current Registered Agent

**LOFFRENO, PASCUAL
2801-M ESTERO BLVD.
FORT MYERS BEACH FL 33931**

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 607.1505, 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 the corporation)

NOTE: Registered Agents signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LOFFRENO, PASCUAL	
STREET ADDRESS	2801-M ESTERO BLVD.	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
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. ADDITIONAL OFFICERS AND DIRECTORS

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 this filing.

SIGNATURE:

Pascual Loffreno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30-1999 946-463-2499
Date Double Check 0432072

CR2E034 (10/97)