

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

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May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L77616** (5)  
1. Corporation Name  
**PELICAN PROPERTIES, INTERNATIONAL CORP.**



Principal Place of Business <b>3191 CORAL WAY SUITE 115-102 MIAMI FL 33145 US</b>	Mailing Address <b>3191 CORAL WAY SUITE 115-102 MIAMI FL 33145-3213 US</b>
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3. Date Incorporated or Qualified <b>06/01/1990</b>	3a. Date of Last Report <b>07/08/1996</b>
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2. Principal Place of Business 21 <b>38801 OVERSEAS HIGHWAY</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>38801 OVERSEAS HIGHWAY</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0616879</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 <b>BIG PINE KEY, FLORIDA</b>	27 City & State 28 <b>BIG PINE KEY, FLORIDA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Zip <b>33043</b> 25 Country <b>USA</b>	29 Zip <b>33043</b> 30 Country <b>USA</b>	8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BENJAMIN, TIMOTHY M 3191 CORAL WAY SUITE 115-102 MIAMI FL 33145</b>	10. Name and Address of New Registered Agent 81 Name <b>BENJAMIN, TIMOTHY M</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>38801 OVERSEAS HIGHWAY</b> 83 84 City <b>BIG PINE KEY</b> FL 85 Zip Code <b>33043</b>
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KNORR, JOHN C 3191 CORAL WAY SUITE 115-102 MIAMI FL 33145</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D 38801 OVERSEAS HIGHWAY BIG PINE KEY, FL 33043</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD MARTIN, ROD 3191 CORAL WAY SUITE 115-102 MIAMI FL 33145</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>TS BENJAMIN, TIMOTHY M 38801 OVERSEAS HIGHWAY BIG PINE KEY, FL 33043</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BERGMAN, JANE 3191 CORAL WAY SUITE 115-102 MIAMI FL 33145</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>PD 38801 OVERSEAS HIGHWAY BIG PINE KEY, FL 33043</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>D <del>DOUG STARR</del> DONALD E. Schupp 38801 OVERSEAS HIGHWAY BIG PINE KEY, FL 33043</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: \_\_\_\_\_ 4/16/97 305-872-2217  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)