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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M69057

(1)

PELICAN SHOPPES, INC.

FILED
May 08 1998 8:00am
Secretary of State

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|--|----------------------|---------------------------------------|---------|--|--------------|--|
| Principal | Place of Business | Mailing Address | | i indinati iin aliis inii natar aliit inn seet alati albi alati alati alati alati alati alati alati alati (a | / U I | |
| 900 U.S. HWY 1 SEBASTIAN FL 32958 | | 9400 U.S. HWY 1 SEBASTIAN FL 32958 | | DO NOT WRITE IN THIS SPACE | | |
| | | | | 3. Date Incorporated or Qualified | | |
| 6 Dringle | al Blace of Business | 2a. Mailing Address | | 02/22/1988 4. FEI Number Applied F | | |
| 2. Principal Place of Business | | Za. Maling Address | | | | |
| 21] | | 26 | | 65-0041256 Not Applic | cable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired S8.75 Addition Fee Required | | |
| City & State | | City & State | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip | Country | This corporation owes or has paid the current year Intangible |) | |
| 24 | 25 | 29 | 30 | Personal Property Tax due June 30. Yes No | | |
| g, Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | |
| GRAY, LEWIS E. 484-D US, P. O. BOX 780993 SEBASTIAN FL 32958 | | | | 81 Name CUID E CAN 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | | |

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

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 and accept the obligations of, Section 607.0505, Florida Statutes.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change ___ Addition 1.1 TITLE TITLE CHASE, WILLIAM J. 1.2 NAME NAME 101 WESTON FARM PATH STREET ADDRESS 1.3 STREET ADDRESS MARSHFIELD MA 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ___ Change Addition 2.1 THLE TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY+ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME **3.3 STREET ADDRESS** STREET ADDRESS CFTY-ST-ZIP 3 4. CITY-ST-ZIP Change DELETE Addition 41 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CTTY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 52 NAME

14. Thereby 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 all achiment with an address.

53 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

CIONATURE.

STREET ADDRESS CITY-S1-ZIP

STREET ADDRESS

TITLE

NAME

Allem J. Chase

DELETE

Pres.

4/20/48 521 589 0580

Change

Addition

CR2E034 (10/97)