

NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15746
 1. Corporation Name
ROYAL PELICAN BOATING ASSOCIATION, INC.

Principal Place of Business P O BOX 6017 FT MYERS BCH FL 33932	Mailing Address P O BOX 6017 FT MYERS BCH FL 33932
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 STATE OF FLORIDA

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	3. Date incorporated or Qualified 07/08/1986	4. FEI Number 59-2691481 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

6. Name and Address of Current Registered Agent SUTER, D.G. 1681 ESTERO BLVD FORT MYERS FL 33932	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 FL 86 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature requires a return mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D.S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWFIS, BETTY #1	1.2 NAME	Gerhard Veith #2
STREET ADDRESS	4511 BAY BCH, LN # 311	1.3 STREET ADDRESS	4531 Bay Beach Ln # 334
CITY-ST-ZIP	FT. MYERS BEACH FL	1.4 CITY-ST-ZIP	FT. MYERS BCH, FL 33931
TITLE	VP	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMONTRE, ROBERT #3	2.2 NAME	#3
STREET ADDRESS	4521 BAY BEACH LANE #121	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MEYERS BEACH FL 32393	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERY, FRANK	3.2 NAME	
STREET ADDRESS	313 CENTRAL ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW LENOX IL 60451	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Crawfis Betty 3/31/99 941-765-4325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-11/98