

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000078984 (0)**

1. Corporation Name
PELICAN COVE MOTEL, INC.



Principal Place of Business Mailing Address
144 WEST MARION AVE. PUNTA GORDA FL 33950

2. Principal Place of Business 2a. Mailing Address
21. State, Apt. #, etc. 26. State, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Country
24. Zip 25. Country 29. Zip 30. Country

3. Date Incorporated or Qualified **11/12/1993** 3a. Date of Last Report **02/01/1995**
4. FEI Number **65-0457884** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**LEONARD, F. RICHARD
144 W. MARION AVE.
PUNTA GORDA FL 33950**

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 607.1508, 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

12. OFFICERS AND DIRECTORS

12.1 NAME	D	<input type="checkbox"/> DELETE
12.2 NAME	LEONARD, VICKI R	
12.3 STREET ADDRESS	3855 SAN LORENZO DR.	
12.4 CITY, ST, ZIP	PUNTA GORDA FL 33950	
12.5 NAME	D	<input type="checkbox"/> DELETE
12.6 NAME	LEONARD, F. RICHARD	
12.7 STREET ADDRESS	3855 SAN LORENZO DR.	
12.8 CITY, ST, ZIP	PUNTA GORDA FL 33950	
12.9 NAME	D	<input type="checkbox"/> DELETE
12.10 NAME	FALTERBAUER, BENNO M	
12.11 STREET ADDRESS	580 N.E. SILVER LANE	
12.12 CITY, ST, ZIP	BOCA GRANDE FL 33432	
12.13 NAME	D	<input type="checkbox"/> DELETE
12.14 NAME	TOOLAN, CLARA	
12.15 STREET ADDRESS	144 W. MARION AVE.	
12.16 CITY, ST, ZIP	PUNTA GORDA FL 33950	
12.17 NAME	D	<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY, ST, ZIP		
12.21 NAME	<input type="checkbox"/> DELETE	
12.22 NAME		
12.23 STREET ADDRESS		
12.24 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	
13.14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 TITLE	
13.18 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 officer 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 of original form in an attachment with an address.

SIGNATURE: *Vicki R. Leonard* *Vicki R. Leonard 2/12/96 941/639-0090*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)