

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000080933 (3)

1. Corporation Name

SWISS PELICAN ISLE, INC.



Principal Place of Business

1235 WINDING OAKS CIR.
VERO BEACH FL 32963
US

Mailing Address

1235 WINDING OAKS CIR.
VERO BEACH FL 32963
US

3. Date Incorporated or Qualified
11/17/1993

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAN, JEFFREY M
% ANNIS MITCHELL COCKEY EDWARDS & ROEHN PA
201 N. FRANKLIN ST., SUITE 2100
TAMPA FL 33602

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

(Signature based on printed name. Officer or director only. If the agent is a corporation, the signature of the authorized officer is required.)

(If the Registered Agent is a corporation, the signature of the authorized officer is required.)

Date

12. OFFICERS AND DIRECTORS

12.1	12.2	12.3
12.1 TITLE	D	☐ DELETE
12.2 NAME	BAERLOCHER, ROLF	
12.3 STREET ADDRESS	1235 WINDING OAKS CIR.	
12.4 CITY, ST, ZIP	VERO BEACH FL	
12.5 TITLE		☐ DELETE
12.6 NAME		
12.7 STREET ADDRESS		
12.8 CITY, ST, ZIP		
12.9 TITLE		☐ DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, ST, ZIP		
12.13 TITLE		☐ DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY, ST, ZIP		
12.17 TITLE		☐ DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	13.2	13.3
13.1 TITLE		☐ Change ☐ Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.5 TITLE		☐ Change ☐ Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, ST, ZIP		
13.9 TITLE		☐ Change ☐ Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		
13.13 TITLE		☐ Change ☐ Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, ST, ZIP		
13.17 TITLE		☐ Change ☐ Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY, ST, ZIP		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96 407842.96.00

CR2E034 (12/95)