FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000028092 (2)**

1. Corporation Name
PELICAN INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
4504 WINDERWOOD CR. ORLANDO FL 32835	4504 WINDERWOOD CR. ORLANDO FL 32835

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/13/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1000 Universal Studios Plaza	1000 Universal Studios Plaza
Suite, Apt. #, etc. 22 Building 22, Suite 157	Suite, Apt. #, etc. 27 Building 22, Suite 157
City & State 23 ORLANDO, FL 32819	City & State 28 Orlando, Fl 32819
Zip / Country 24 32819 / 25 U.S.A.	Zip / Country 29 32819 / 30 U.S.A.

4. FEI Number: 59-3235437 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	VON HUENE, WALTER	12 NAME	
STREET ADDRESS	C/O 4504 WINDERWOOD CR.	13 STREET ADDRESS	c/o 1000 Universal Studios Plaza, Building 22
CITY-ST-ZIP	ORLANDO FL 32835	14 CITY-ST-ZIP	Suite 157, Orlando, Fl. 32819
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ALLEN, THOMAS E	22 NAME	
STREET ADDRESS	C/O 4504 WINDERWOOD CR.	23 STREET ADDRESS	c/o 1000 Universal Studios Plaza Bldg 22, Ste 157
CITY-ST-ZIP	ORLANDO FL 32835	24 CITY-ST-ZIP	Orlando, Fl 32819
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MALDEN, BORIS R	32 NAME	
STREET ADDRESS	C/O 4504 WINDERWOOD CR.	33 STREET ADDRESS	c/o 1000 Universal Studios Plaza, Bldg.22 Suite 157
CITY-ST-ZIP	ORLANDO FL 32835	34 CITY-ST-ZIP	Orlando, Fl. 32819
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 attachment with an address.

SIGNATURE: _____ WALTER VON HUENE 4-13-95 407-354-6450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083012 CP