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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 11:08

DOCUMENT # **P94000060396 (6)**

1. Corporation Name
PELICAN PLAZA LINENS 'N THINGS, INC.

Principal Place of Business	Mailing Address
ONE THEALL RD. RYE NY 10580	ONE THEALL RD. RYE NY 10580

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6 BRIGHTON RD	26 6 BRIGHTON RD
Suite, Apt. #, etc. 22 PO BOX 5108	Suite, Apt. #, etc. 27 PO BOX 5108
City & State 23 CLIFTON NJ	City & State 28 CLIFTON NJ
Zip / Country 24 07015 25	Zip / Country 29 07015 30

4. FEI Number: 58-2137538 ☐ 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

UNITED STATED CORPORATION COMPANY
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 mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		11 TITLE	P	☐ Change ☑ Addition
NAME		12 NAME	AXELROD, NORMAN	
STREET ADDRESS		13 STREET ADDRESS	6 BRIGHTON RD	
CITY ST ZIP		14 CITY ST ZIP	CLIFTON NJ 07015	
TITLE		21 TITLE	V	☐ Change ☑ Addition
NAME		22 NAME	GILES, WILLIAM	
STREET ADDRESS		23 STREET ADDRESS	6 BRIGHTON RD	
CITY ST ZIP		24 CITY ST ZIP	CLIFTON NJ 07015	
TITLE		31 TITLE	S	☐ Change ☑ Addition
NAME		32 NAME	DICK, DAVID	
STREET ADDRESS		33 STREET ADDRESS	6 BRIGHTON RD	
CITY ST ZIP		34 CITY ST ZIP	CLIFTON NJ 07015	
TITLE		41 TITLE	D	☐ Change ☑ Addition
NAME		42 NAME	BRENNAN, MICHAEL	
STREET ADDRESS		43 STREET ADDRESS	ONE THEALL RD	
CITY ST ZIP		44 CITY ST ZIP	RYE NY 10580	
TITLE		51 TITLE	D	☐ Change ☑ Addition
NAME		52 NAME	RICHARDS, ARTHUR	
STREET ADDRESS		53 STREET ADDRESS	ONE THEALL RD	
CITY ST ZIP		54 CITY ST ZIP	RYE NY 10580	
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: DAVID DICK 3-29-95 201-778-1300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Daytime Phone #

000171 OP