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FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000060396 (6)
1. Corporation Name
PELICAN PLAZA LINENS 'N THINGS, INC.



Principal Place of Business
6 BRIGHTON ROAD
POST OFFICE BOX 5108
CLIFTON NJ 07015
US

Mailing Address
6 BRIGHTON RD
POST OFFICE BOX 5108
CLIFTON NJ 07015-5108
US

3. Date Incorporated or Qualified 08/17/1994 3a. Date of Last Report 02/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FFL Number
58-2137538

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME AXELROD, NORMAN
STREET ADDRESS 6 BRIGHTON RD
CITY-ST-ZIP CLIFTON NJ

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE V
NAME GILES, WILLIAM
STREET ADDRESS 6 BRIGHTON RD
CITY-ST-ZIP CLIFTON NJ

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE S
NAME DICK, DAVID
STREET ADDRESS 6 BRIGHTON RD
CITY-ST-ZIP CLIFTON NJ

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME RICHARDS, ARTHUR
STREET ADDRESS ONE THEALL RD
CITY-ST-ZIP RYE NY

☒ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97

201-778-1300

Date

Daytime Phone

0002136

CR2E034 (9/96)