

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000009524 (6)**

1. Corporation Name

THE PELICAN CLUB OF PALM BEACH, INC.



Principal Place of Business

11780 U.S. HIGHWAY ONE
SUITE 300
N PALM BEACH FL 33408

Mailing Address

11780 U.S. HIGHWAY ONE
SUITE 300
N PALM BEACH FL 33408

3. Date Incorporated or Qualified

02/03/1995

3a. Date of Last Report



2. Principal Place of Business

2a. Mailing Address

21 255 S. County Rd.

26

4. FEI Number

65-0651416

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

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 Palm Beach

27 P.O. Box 2707

City & State

City & State

23 FL.

28 Palm Beach, FL.

Zip

Country

Zip

Country

24 33480

25 Palm Beach

29 33480

30 ~~Palm Beach~~ US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FHS CORPORATE SERVICES INC.
11780 U.S. HIGHWAY ONE
SUITE 300
N PALM BEACH FL 33408

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 applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME D REYNOLDS, WILEY III
STREET ADDRESS 255 SOUTH COUNTY RD.
CITY-ST-ZIP PALM BEACH FL 33480

11 TITLE Change Addition
12 NAME PIT
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DELETE
NAME James C. Gray
STREET ADDRESS 980 South Ocean Blvd
CITY-ST-ZIP Manalapan, FL 33462

21 TITLE Change Addition
22 NAME James C. Gray
23 STREET ADDRESS 980 South Ocean Blvd.
24 CITY-ST-ZIP Manalapan, FL 33462

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE Change Addition
52 NAME 700001798487
53 STREET ADDRESS -04/29/96--01042--002
54 CITY-ST-ZIP ***200.00

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
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)(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]* President

4/8/96

659-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/night Phone #

CR2E034 (12/95)