

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 20 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 # P95000040255 (8)

1. Corporation Name
PELICO CORP.



Principal Place of Business

3400 SOUTH TAMiami TRAIL, SUITE 303
SARASOTA FL 34239

Mailing Address

3400 SOUTH TAMiami TRAIL, SUITE 303
SARASOTA FL 34239-6023

3. Date Incorporated or Qualified
05/22/1995

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

4. FEI Number
65-0588420

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

AMBURN, JAMES
5121 CASTELLO DR. #2
NAPLES FL 33940

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

Signature of Agent (if not the same as the corporation's agent, then the agent's signature is required)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
FLOTO, UWE
3400 SOUTH TAMiami TRAIL, SUITE 303
SARASOTA FL 34239

DELETE

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
FLOTO, ULRIKE
3400 SOUTH TAMiami TRAIL, SUITE 303
SARASOTA FL 34239

DELETE

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DELETE

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DELETE

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DELETE

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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

Date

Daytime Phone #

CR2E034 (9/96)