SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT. **CORPORATION** ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000082773 (9)

PELICAN CREEK HOTEL, INC.

Ann Carlo

97 OCT 13 FM 61 25

SECRETARY OF STATE TALLAHASSEE FLORIDA



D. Late Phys. of Chairman					-{		
Principal Place of Bus		Mailing Address					
6580 INDIAN CREEK (DRIVE	6580 INDIAN CREEK DRIVE					
MIAMI BEACH N 331	91	MIAMI BEACH FL 33141			DO NOT WRITE I	N THIS SPACE	
		\		3. Date Incorporated or Qualified	3a. Date of Last Report	\neg	
					10/30/1995	09/20/1996	
2. Principa! Place of		2a. Mailing Address	_	~ `	APPLIED FOR 65-0	Applied For	_
21 6580 Ind	han Creek Dr	26 6580 India	n Lee	ek Unive	APPLIED FOR 05 0		e
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			- Flasting Committee Standard		\dashv
23 Miam, Be	each Clouds	28 Higmi Beach, FL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cour	ntrv	8. This corporation owes or has paid		\dashv
24 33/41	25 U.S.A	time on the b		·s.A.	Personal Property Tax due June 3	, , , , , , , , , , , , , , , , , , ,	
	ame and Address of Current				10. Name and Address of New Reg		
WORRELL, EDWIN L				81 Name			\neg
6580 INDIAN CREEK DRIVE				B2 Street Addr	dress (P.O. Box Number is Not Acceptable)		
MIAMI BEACH FL 33141			'	Street Addri	ess (P.O. Box Number is Not Acceptable	3)	
			f	B3			
			1	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 familial with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature	typod or printed name of registered agent	and trito if applicable /NOTE	Renistered	Agent signature require	ed when reinstation)	DATE	
12.			13.	- igen og	ADDITIONS/CHANGES TO OFFICE		f
TITLE PD		DELETE	11 111	.E		Change Additio	n \$
NAME WOI	rrell, edwin l		1.2 NAN	ME	ອດດດດຸດຊຸຊຸຊຸ	211999 7-01091-003	-
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City-St-zip							
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CITY-ST-ZIP			6.4 CITY	(-ST-ZIP		O _t	
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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 roport or supplicit into a supplication 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.