

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 # **P95000095686 (8)**

1. Corporation Name
PELICAN FUNDING GROUP, INC.

Principal Place of Business
**9051 TAMiami TRAIL NORTH, #202
NAPLES FL 33963**

Mailing Address
**9051 TAMiami TRAIL NORTH, #202
NAPLES FL 33963**



2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**PREEST, LYLE
9051 TAMiami TRAIL NORTH, #202
NAPLES FL 33963**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

3. Date Incorporated or Qualified
12/18/1995

3a. Date of Last Report

4. FEI Number

65-0628987

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

10. Name and Address of New Registered Agent

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 607.0502, Florida Statutes.

SIGNATURE

Sign if you have not provided name of registered agent and his/her address.

(Date: P.O. Box Agent Signature, Name, Address, City, State, Zip)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12.	13.
1. TITLE	1. TITLE
NAME	12 NAME
STREET ADDRESS	13 STREET ADDRESS
CITY- ST- ZIP	14 CITY- ST- ZIP
1. TITLE	2. TITLE
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY- ST- ZIP	24 CITY- ST- ZIP
1. TITLE	3. TITLE
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY- ST- ZIP	34 CITY- ST- ZIP
1. TITLE	4. TITLE
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY- ST- ZIP	44 CITY- ST- ZIP
1. TITLE	5. TITLE
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY- ST- ZIP	54 CITY- ST- ZIP
1. TITLE	6. TITLE
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY- ST- ZIP	64 CITY- ST- ZIP

**PRESIDENT
JEFF MKK
9051 TAMiami TR. N. # 202
NAPLES, FL 33963**

**SECRETARY
LYLE PREEST
9051 TAMiami TR. N. # 202
NAPLES, FL 33963**

**TREASURER
MICHAEL PAREKIS
9051 TAMiami TR. N. # 202
NAPLES, FL 33963**

**VICE PRESIDENT
TODD MURRAY
9051 TAMiami TR. N. # 202
NAPLES, FL 33963**

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement to an 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:

MICHAEL C. PAREKIS

TREAS. 2-26-96

941-514-0771

CR2E034 (12/95)