


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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000002608 (3)
 1. Corporation Name
PELICAN TOURS INCORPORATED



Principal Place of Business: **4767 BILMARK AVE. FT. MYERS FL 33901**
 Mailing Address: **4767 BILMARK AVE. FT. MYERS FL 33901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/04/1996**

4. FEI Number: **65-0635591**

2. Principal Place of Business: **4871 Cord Rd Ft. Myers Beach, FL 33931**
 2a. Mailing Address: **10 San Carlos Blvd Ft. Myers Beach, FL 33931**

21. City & State: **Ft. Myers Beach, FL**
 26. City & State: **Ft. Myers Beach, FL**

22. Suite, Apt. #, etc.:
 27. Suite, Apt. #, etc.:

23. City & State: **Ft. Myers Beach, FL**
 28. City & State: **Ft. Myers Beach, FL**

24. Zip: **33931**
 25. Country: **USA**
 29. Zip: **33931**
 30. Country: **USA**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
GOODBREAD, STEVEN B
4767 BILMARK AVE.
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODBREAD, STEVEN B	1.2 NAME	GOODBREAD STEVEN B
STREET ADDRESS	4767 BILMARK AVE.	1.3 STREET ADDRESS	10 San Carlos Blvd
CITY-ST-ZIP	FT. MYERS FL 33901	1.4 CITY-ST-ZIP	Ft. Myers Beach, FL 33931
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODBREAD, LESLEY A	2.2 NAME	GOODBREAD, LESLEY A
STREET ADDRESS	4767 BILMARK AVE.	2.3 STREET ADDRESS	10 SAN CARLOS BLVD
CITY-ST-ZIP	FT. MYERS FL 33901	2.4 CITY-ST-ZIP	Ft. Myers Beach, FL 33931
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Steven B Goodbread* Jan 27 1998 765-9684 (941)

CR2E034 (10/97)