

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000052910 (2)
 1. Corporation Name
PELICAN COVE GIFTS, INC.



Principal Place of Business 4245 20TH AVENUE NORTH ST. PETERSBURG FL 33713 6300 GULF BLVD. ST. PETE BEACH, FL. 33706	Mailing Address 4245 20TH AVENUE NORTH ST. PETERSBURG FL 33713 P.O. Box 66160 ST. PETE BEACH, FL. 33736
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6300 GULF BLVD Suite, Apt. #, etc. 22 City & State 23 ST. PETE BEACH, FL. Zip Country 24 33706 25	2a. Mailing Address 26 P.O. Box 66160 Suite, Apt. #, etc. 27 City & State 28 ST. PETE BEACH, FL. Zip Country 29 33736 30
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3. Date Incorporated or Qualified 06/20/1996	4. FEI Number 59-3383874	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**EBERT, ARTHUR
 4245 20TH AVENUE NORTH
 ST. PETERSBURG FL FL**

10. Name and Address of New Registered Agent

81 Name Arthur Ebert
82 Street Address (P.O. Box Number is Not Acceptable) 7882 Sailboat Key Blvd.
83 #601
84 City So. Pasadena
85 Zip Code FL 33706

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 D	<input type="checkbox"/> DELETE	1.1 TITLE Change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EBERT, ARTHUR		1.2 NAME	
STREET ADDRESS 4245 20TH AVENUE NORTH		1.3 STREET ADDRESS	7882 Sailboat Key Blvd
CITY-ST-ZIP ST. PETERSBURG FL 33713		1.4 CITY-ST-ZIP	So. Pasadena, FL. 33706
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE Change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EBERT, SHARON		2.2 NAME	
STREET ADDRESS 4245 20TH AVENUE NORTH		2.3 STREET ADDRESS	7882 Sailboat Key Blvd.
CITY-ST-ZIP ST. PETERSBURG FL 33713		2.4 CITY-ST-ZIP	So. Pasadena, FL. 33706
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: _____ **4/21/98 813-360-6821**

CFR2E034 (10/97)