

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90174 007 ***150.00

DOCUMENT # P96000070246

1. Corporation Name
PELICAN ISLE DEVELOPMENT, INC.

Principal Place of Business
487 PINELLAS BAYWAY
UNIT 201
TIERRA VERDE FL 33715

Mailing Address
487 PINELLAS BAYWAY
UNIT 201
TIERRA VERDE FL 33715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1996

2. Principal Place of Business

21 840 Pinellas Bayway

Suite, Apt. #, etc.

22

City & State

23 Tierra Verde, FL

Zip

24 33715

Country

25 USA

2a. Mailing Address

26 840 Pinellas Bayway

Suite, Apt. #, etc.

27

City & State

28 Tierra Verde, FL

Zip

29 33715

Country

30 USA

4. FEI Number

59-3466209

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 owes the current year Intangible

Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

HANSHAW, LYNN E
7480 HOBSON ST NE
ST PETERSBURG FL 33702

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME KATZ, SANFORD
STREET ADDRESS 487 PINELLAS BAYWAY, 201
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE VTD
NAME CRAMER, SCOTT
STREET ADDRESS 1101 PINELLAS BAYWAY, UNIT 406
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD
1.2 NAME Katz, Sanford
1.3 STREET ADDRESS 840 Pinellas Bayway
1.4 CITY-ST-ZIP Tierra Verde, FL. 33715

2.1 TITLE VTD
2.2 NAME Cramer, Scott
2.3 STREET ADDRESS 800 Pinellas Bayway
2.4 CITY-ST-ZIP Tierra Verde, FL. 33715

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-17-99 727-8676384

Date

Daytime Phone #

CR2E034 (11/98)

0411412