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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000074890** (0)

PELI-KINGS, INC.

Principal Place of Business

1122 SE 21ST LANE

Mailing Address

1122 SE 21ST LANE

FILED Jan 14 1997 8:00am Secretary of State



CAPE CORAL F	L 33990	CAPE CORAL FL 33990-4614					
					3. Date Incorporated or Qualified 09/06/1996	3a. Date of Last Report	
	lace of Business	2a. Mailing Address	^	Δ1 . A	4. FEI Number		Applied For
21 1939	Del Prado Blvd	26 1939 Del 1	Prade	Blvd	65-0697536	·	Not Applicable
Suite, Apl. 22 # E	#, etc	Suite, Apl. #, etc.			5. Certificate of Status Desired See Require		
City & State City & State			ral, FL		Election Campaign Financing Trust Fund Contribution		
^{Zip} 339	90 25 USA		3990 30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	gistered Agent	
	B, PAULA J		8	1. Name			
1122 SE 21ST LANE CAPE CORAL FL 33990				2 Street Add	iress (P.O. Box Number is Not Acceptable)		
			8:	3			
			8-	1 City		85	Zip Code
44 5	15 No. 202010	0 - 1002 1100 112 22 000 1	a tha ab -			FL "	to topintored
office or r	to the provisions or Sections 607.050 registered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was as	ithorized b	by the cornoral	ocration submits this statement for the p tion's board of directors. I hereby accep	of the appointmen	ng its registered it as registered
SIGNATURE	70					DATE	
12.	Signature, type of or printed nature of registers it age OF FICE RS ANI		13.	gent signature requi	red wheri reinstating) ADDITIONS/CHANGES TO OFFIC	DATE PERS AND DIREC	TORS IN 12
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/GHANGES TO GET IC	☐ Chai	
NAME	KING, PAULA J		1.2 NAME				
STREET ACORESS	1122 SE 21ST LANE			ET ADDRESS			
CITY ST ZIP	CAPE CORAL FL 33990		1.4 CITY-				
TITLE		DELETE	2 1 TITLE	V. E.	······································	☐ Chai	nge Addition
NAME			2.2 NAMI				
STREET ADDRESS			2.3 STRE	ET ADDRESS			
City-St-7IP			2.4 City	- S1 - ZIP			
TITLE		DELFTE	3 1 TITLE			☐ Cha	nge Addition
NAME			3.2 NAMI				
STREET ADDRESS			3 3 STRE	et address			
CITY - S1 - ZIP			3.4. CITY	- ST - ZIP			
TITLE		DELETE	4.1 THILE			Chai	nge 🔲 Addition
NAME			4. 2 NAM	Ē			
STREET ADDRESS			4.3 STRE	et address			
CITY-SI-ZIP			4.4 CITY	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Cha	nge 🔲 Addition
NAME			5.2 NAMI				
STREET ADDRESS			5 3 STRE	ET ADDRESS			
CITY-ST-ZIF			5.4 CITY			·····	·····
TITLE		☐ DELETE	6 : THEE			Cha	nge 🔲 Addition
NAME			6.2 NAMI				
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-2IP			6.4 CITY	·ST·ZIP			

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 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.

Paula J. King 6 Jan 97 (941) 458-5517