SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name P96000093185 (2)

PELICAN AUTO CENTER AT EAST LAKE, INC.

Principal Place of Business Mailing Address

FILED Aug 26 1998 8:00am Secretary of State



						}
31473 US HIGHWAY 18 PALM HARBOR FL 34 6	31473 US HIGHWAY 19 NORTH PALM HARBOR FL 34684					
FALM IMADOR PL 940	PALM HARDON	FL 04004			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified
						11/14/1996
2. Principal Place of	Business	2a. Mailing Ad	Idress			4. FEI Number Applied For
21	26				59-3414645 Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.				SR 75 Additional	
22	27				5. Certificate of Status Desired Fee Required	
City & State		City & Sta	te			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country	,	8. This corporation owes or has paid the current year Intangible
24	25	29		30		Personal Property Tax due June 30. Yes No
	ame and Address of Curre		nt			10. Name and Address of New Registered Agent
NIKJEH, FA				81	Na	Name
31425 US				_		
			82	Street Address (P.O. Box Number is Not Acceptable)		
PALM FIAM	BOR FL 34684			83	 -	
				"	ļ	
				84	Cit	City 85 Zip Code
				<u> </u>	L	emed corporation submits this statement for the purpose of changing its registered are corporation's board of directors. I hereby accept the appointment as registered
	typus or printed name of regulered ag		(NC		gent sig	8.21.98 Ni signature required when reinstating) DATE
12.		ND DIRECTORS		13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PSTD			DELETE	1.1 TITLE		Change Addition
	H, FARHO M			1,2 NAME		
	US HWY 19 NORTH			1.3 STREET	ADDRE	IDRESS DEZE FACTIAKE RD.
	HARBOR FL 34684			1.4 CITY-ST		
TITLE	TIMIDON I L 01001		DELETE	2.1 TITLE	1-2-17	Change Addition
NAME		ليا	DECETE	2.2 NAME		L_i Change [_i Addition
{				- 4	400n	pares
STREET ADDRESS				2.3 STREET		1
CITY-ST-ZIP				2.4 CITY-S1	-ZIP	
TITLE			DELETE	3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET	ADDRE	DRESS
CITY-ST-ZIP				3,4 CITY-S1	r-ZiP	P
TITLE			DELETE	4.1 TITLE		Change Addition
NAME				4.2 NAME		
STREET ADDRESS				4.3 STREET	ADDRE	DRESS
CITY-ST-ZIP				4.4 CITY-S1	-ZIP	P
TITLE			DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET	ADDRE	ORESS
CITY-ST-ZIP				5.4 CITY-ST		
TITLE			DELETE	6.1 TITLE		Change Addition
NAME			PELETE	6.2 NAME		Li Change Li Addition
					ADDD	paree
STREET ADDRESS				6.3 STREET		1
CITY-ST-ZIP				6.4 CITY-ST	·ZIP	? [

14. I hereby certify that the information supplied with this filling 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 13 if changed, or one attachment with an address.

Machine

8.10.98