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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

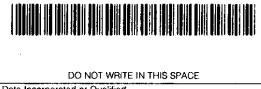
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000098644 (2)

PELICAN PC, INC.

## **FILED** Apr 22 1998 8:00am Secretary of State



| Zip Country Zip Country 8. This corporation owes or has paid the current year Intervible   | Principal Plac  | e of Business                         | Mailing Address                       |                     |   |  |
|--|---|---------------------------------------|---------------------------------------|---------------------|---|--|
| DO NOT WRITE IN THIS SPACE  2. Principal Place of Business 2. Making Address   2. Making Address   3. Data Incorporation of Dustried   11/17/1997    | '   |                                       | 2296 LAGOON DR                        |                     |   |  |
| 2. Principal Flace of Business 2. 2a. Mixing Address 2. 2b. Mixing Address 3. 2b. Mixing |   |                                       |                                       |                     |   |  |
| 11/17/1997   |   |                                       |                                       |                     |   |  |
| 2. Principle Place of Business 2. 2. Maling Address 2. 2. Sale   |   |                                       |                                       |                     |   |  |
| Sulfa, Apt P. elic  Sulfa, Apt P. elic  City & State  City | 2 Principal P   | Place of Business                     | 2n Mailing Address                    |                     |   |  |
| Suite, Apt #, 96c 27 City & State 29 City & State 29 City & State 29 City & State 20 City & St |   |                                       | <del>  -</del>                        |                     |   |  |
| 20   |   |                                       |                                       |                     | S8 75 Additional                                  |  |
| City & State    City & State   City  |   |                                       | }                                     |                     | I & Certificate of Status Desired 1 1             |  |
| 20   20   20   20   20   20   20   20  |   |                                       |                                       | -#- <del>**-1</del> | 6. Election Campaign Financing \$5.00 May Re      |  |
| 28   29   29   30   Prisoral Property Tax due June 30   1/65      | 23  |                                       | 28                                    |                     |   |  |
| REAL PATRICIA A 2298 LAGOON DR. DUNEOIN FL 34698-2530  88  | Zip   | Country                               | Zip                                   | Country             |   |  |
| NERI, PATRICIA A 2286 LAGOON DR. DUNEDIN FL 34698-2530  88   Street Address (P O Box Number is Not Acceptable) 2276   Caggon   Dr.   89   Dunschin   FL 34698-2530  89   City   FL   85   Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride 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 Horda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.6508, Floride Statutes.  SIGNATURE  12.   OFFICERS AND DIRECTORS   DELETE   11 Intil 12.   OFFICERS AND DIRECTORS   DELETE   11 Intil 13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.   14.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.   15.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.   16.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.   17.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.   18.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.   19.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. | 24  |                                       |                                       | 0                   |   |  |
| Sire   Address   Pope   December   Popular     |   |                                       | ent Registered Agent                  | D4 Name             | 10. Name and Address of New Registered Agent      |  |
| DUNEDIN FL 34698-2530    B3  |   |                                       |                                       | Name                | Kobert Neri                                       |  |
| Ba   Duneding FL 34699-2530  |   |                                       |                                       |                     |   |  |
| Section   Sect   |   |                                       |                                       |                     |   |  |
| STREET ADDRESS   CITY-ST-ZP    DELETE   |   |                                       |                                       |                     | Dunedin FL 34698-2530                             |  |
| 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 agent, and accept the obligations of, Section 607 (505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NERI, PATRICIA A  2286 LAGOON DR.  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  11 TITLE  DELETE  21 TITLE  12 TITLE  13 SIRRET ADDRESS  CITY-ST-ZIP  DUNEDIN FL 34698-2530  DELETE  21 TITLE  13 SIRRET ADDRESS  CITY-ST-ZIP  DELETE  31 TITLE  14 CITY-ST-ZIP  DELETE  31 TITLE  15 Change  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  ADDRESS  CITY-ST-ZIP  DELETE  31 TITLE  13 SIRRET ADDRESS  CITY-ST-ZIP  34 CITY-ST-ZIP  34 CITY-ST-ZIP  ADDRESS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I | 1   |                                       |                                       | 84 City             |   |  |
| 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 agent, and accept the obligations of, Section 607 (505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NERI, PATRICIA A  2286 LAGOON DR.  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  11 TITLE  DELETE  21 TITLE  12 TITLE  13 SIRRET ADDRESS  CITY-ST-ZIP  DUNEDIN FL 34698-2530  DELETE  21 TITLE  13 SIRRET ADDRESS  CITY-ST-ZIP  DELETE  31 TITLE  14 CITY-ST-ZIP  DELETE  31 TITLE  15 Change  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  ADDRESS  CITY-ST-ZIP  DELETE  31 TITLE  13 SIRRET ADDRESS  CITY-ST-ZIP  34 CITY-ST-ZIP  34 CITY-ST-ZIP  ADDRESS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I | 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 |                                       |                                       |                     |   |  |
| SIGNATURE   Signature, ipped or prefero name of registered agent and for it application.   | 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   |                                       |                                       |                     |   |  |
| Signature, lyand or pretion name of registeries de preliables (NOTE Registeries Appents agent are largulating)   DATE  |   |                                       |                                       |                     |   |  |
| 12.  | SIGNATURE Signature, typod or printed name of registered agent and lete it applicable (NOTE Registered Agent signature required when reinstating)  DATE                           |                                       |                                       |                     |   |  |
| NAME   | 12.   | OFFICERS AN                           | · · · · · · · · · · · · · · · · · · · |                     | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| NAME   | TITLE   | D                                     | DELETE                                | 1.1 TITLE           | PresidenT Change MAddition                        |  |
| NAME   | NAME  |                                       | •                                     | 1,2 NAME            | Robert Neri                                       |  |
| NAME   | STREET ADDRESS  |                                       |                                       | 1.3 STREET ADORESS  | 2296 Lagoon Dr.                                   |  |
| NAME   | CITY-ST-ZIP   | <b>DUNEDIN FL 34698-2530</b>          |                                       | 1.4 CITY - ST - ZIP | Dunedin 1=4 34698-2530                            |  |
| 23 STREET ADDRESS   24 CITY-ST-ZIP   24 CITY-ST-ZIP   24 CITY-ST-ZIP   27 CITY-ST-ZIP   24 CITY-ST-ZIP   27 CITY-ST-ZIP   2   | TITLE   |                                       | L DELETE                              | 2.1 TITLE           | Change Addition                                   |  |
| CITY-ST-ZIP  | NAME  |                                       |                                       | 2.2 NAME            |   |  |
| TITLE  | STREET ADDRESS  |                                       |                                       | 2.3 STREET ADDRESS  |   |  |
| NAME   |   |                                       | T DC(FT)                              |                     | Change  |  |
| STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY - ST - ZIP  | 1   |                                       | L_J DELETE                            |                     | Li Change Li Addition                             |  |
| CITY-ST-ZIP  | 1   |                                       |                                       |                     |   |  |
| TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME   | 1   |                                       |                                       | B i                 |   |  |
| NAME   |   |                                       | T herete                              |                     | Change Addition                                   |  |
| STREET ADDRESS   | 1   |                                       | [ ] SEECIL                            |                     | E pilango E Muditori                              |  |
| CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         STREET ADDRESS         CITY-ST-ZIP         Change         Addition           NAME         DELETE         6.1 TITLE         Change         Addition           NAME         62 NAME         Addition         Addition   | <b>1</b> '  |                                       |                                       |                     |   |  |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME </th <th>1</th> <th></th> <th></th> <th></th> <th></th>   | 1   |                                       |                                       |                     |   |  |
| NAME   |   | · · · · · · · · · · · · · · · · · · · | DELETE                                |                     | ☐ Change ☐ Addition                               |  |
| STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE           NAME         6.1 TITLE           Change         Addition           62 NAME  | ]   |                                       |                                       |                     |   |  |
| CITY-\$T-ZIP         5.4 CITY-\$T-ZIP           TITLE         DELETE         6.1 TITLE         Change Addition           NAME         62 NAME         62 NAME  | 1   | E .                                   |                                       |                     |   |  |
| TITLE DELETE 6.1 TITLE Change Addition  NAME 62 NAME   | F   |                                       |                                       |                     |   |  |
| NAME 62 NAME   | <del></del>   |                                       | DELETE                                |                     | ☐ Change ☐ Addition                               |  |
|  | l :   |                                       |                                       |                     |   |  |
|  | 1   |                                       |                                       |                     |   |  |
| CITY-S1-ZIP 64 CITY-S1-ZIP   | l   |                                       |                                       |                     |   |  |

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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.