

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~~ 1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90042 035 ***150.00

DOCUMENT # P98000002080

1. Corporation Name

Pelican Trade Corporation

Principal Place of Business
25150 Ridge Oak Drive
Bonita Springs, FL 34134

Mailing Address
25150 Ridge Oak Drive
Bonita Springs, FL 34134

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

01/08/98

4. FEI Number
59-3531047

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 4611 Gleneagles Links Ct.

Suite, Apt. #, etc.

22

City & State

23 Estero, Florida

Zip

24 33928

Country

25 USA

2a. Mailing Address

26 4611 Gleneagles Links Ct.

Suite, Apt. #, etc.

27

City & State

28 Estero, Florida

Zip

29 33928

Country

30 USA

9. Name and Address of Current Registered Agent

Dixon F. Miller
4501 Tamiami Trail North
Suite 400
Naples, FL 34103

10. Name and Address of New Registered Agent

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

5801 Pelican Bay Blvd.

83

Suite 300

84

City
Naples,

FL

85 Zip Code
34108

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

4/8/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	Wolf von Steinmetz	
STREET ADDRESS	Stadionstr. 11	
CITY-ST-ZIP	68519 Viernheim	
TITLE		<input type="checkbox"/> DELETE
NAME	Federal Republic of Germany	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	Ingrid Steinmetz	
STREET ADDRESS	Stadionstr. 11	
CITY-ST-ZIP	68519 Viernheim	
TITLE		<input type="checkbox"/> DELETE
NAME	Federal Republic of Germany	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 1999

CR2E034 (5/98)