

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 26, 1999 8:00 am
Secretary of State

04-26-1999 90121 046 ***150.00

DOCUMENT # P98000036876
1. Corporation Name

Silver Pelican, Inc.

Principal Place of Business
501 Goodlette Road N., #B-204
Naples, FL 34102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
4/17/98

4. FEI Number
59-3516601
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

2. Principal Place of Business
21 2640 Golden Gate Pkwy.
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

22 Suite 206
City & State

27 City & State

23 Naples, FL 34105
Zip Country

28 Zip Country

24 34105 25 Collier

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Donald K. Ross, Jr., Esq.
2640 Golden Gate Parkway, #206
Naples, FL 34105

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director ☐ DELETE
NAME Carietta DelKelly
STREET ADDRESS 6001 Pelican Bay Blvd.
CITY-ST-ZIP Naples, FL 34108

1.1 TITLE Director ☒ Change ☐ Addition
1.2 NAME Ulrich Wittkopp
1.3 STREET ADDRESS 40501 Goodlette Rd N. # B-204
1.4 CITY-ST-ZIP Naples, FL 34102

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE President ☐ Change ☒ Addition
2.2 NAME Ulrich Wittkopp
2.3 STREET ADDRESS 40501 Goodlette Rd N. # B-204
2.4 CITY-ST-ZIP Naples FL 34102

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Vice President ☐ Change ☒ Addition
3.2 NAME Weibke Wittkopp
3.3 STREET ADDRESS 40501 Goodlette Rd N. # B204
3.4 CITY-ST-ZIP Naples FL 34102

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Sec/Treasurer ☐ Change ☒ Addition
4.2 NAME Weibke Wittkopp
4.3 STREET ADDRESS 40501 Goodlette Rd N. # B-204
4.4 CITY-ST-ZIP Naples, FL 34102

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 507, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(941) 634-7700

Daytime Phone #

CR2E034 (1/98)