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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000036876

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90121 046 ***150.00

Silver Pelican, Inc.								
Principal Place of Business 501 Goodlette Road N.,	Mailing Address							
Naples, FL 34102	# B = 2 U 4							
Napies, FL 34102					DO NOT V	VRITE IN TH	IS SPACE	
				3.	Date Incorporated or Qualit			
					4/17/98			
2. Principal Place of Business	2a. Mailing Address	-		4.	FEI Nur iber		Α	pplied For
21 2640 Golden Gate Pkwy	26				59-3516601		N	ot Applicable
Suite, Apt. #, etc.			5.	Certifca e of Status Desired	, _		Additional	
22 Suite 206 27							lequired	
City & State	City & State				Election Campaign Financi	ng 🗆	-	Мау Ве
Zip Country	Zip	Country	v		Trust Fund Contribution			to l ² ees
	29	30	,	l l	This corporation owes the o Personal Property Tax.	surrent year i	r tangible ☐ Yes	⊊lNo
9. Name and Address of Current Re		301			Name and Address of Ne	w Registere		_*****
Donald W. Dona Jr. E.		81	Name			_		
Donald K. Ross, Jr., E. 2640 Golden Gate Parkwa		82	Street	Address (P	O. Box Number is Not Acce	entable)		
Naples, FL 34105	ay, 17200		Olicoi	- 1) econoci				
Napres, rt 34103		83	1					
		84	City				85 Zip	Code
						FI	<u> </u>	
11. Pursuan to the provisions of Sections 607.0502 an office or registered agent, or both, in the State of	lorida. Such change was a	uthorized by	the corp	l corporation loration's boa	submits this statement for t ard of directors. I hereby ac	the purpose of cept the appo	o changing its o ntment as re	s registered egistered
agent. Lam familiar with, and accept the obligations	s of, Section 607.0505, Flo	r da Statutes	š. `		•			-
CIONATURE								
SIGNATURE	title it contentle (NOTE	Designed Ass	at const.us	roque d'ubos roi	andatus)	DATE	-	
Signature, typed or printed name of registered agent at d	···	Registered Age	nt signature	required when rei	nstating) DDITIONS/CHANGES TO	DATE OFFICERS A	AND DIRECTO	ORS IN 12
Signature, typed or printed name of registered agent at d	···		nt signature	A	DDITIONS/CHANGES TO		AIND DIRECTO	
Signature, typed or printed name of registered agent at d 12. CFFICERS AND D	DIRECTORS DELETE	13.	int signature	Dire	DDITIONS/CHANGES TO Ctor: k Wittkopp	OFFICERS A	XX Change	
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14. I hereby sertify 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 arrian officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 307, 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 OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR (941) (34-77<u>90</u> Eaytime Phone #

CR2E034 (11/98)