

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90058 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000101774

1. Corporation Name
PELICAN HOME MANAGEMENT, INC.



Principal Place of Business Mailing Address
2020 TAMiami TRAIL **2020 TAMiami TRAIL**
PORT CHARLOTTE FL 33948 **PORT CHARLOTTE FL 33948**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	12/08/1998	65-0904287	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	27			
City & State	City & State	6. Election Campaign Financing		\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution		
Zip	Zip	8. This corporation owes the current year in angible		
24	29	Personal Property Tax		Yes No
Country	Country			
25	30			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134	BAENZIGER MARCEL 2020 TAMiami TRAIL PORT CHARLOTTE FL 33948

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE BAENZIGER MARCEL DATE APRIL 24 1999

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																																																				
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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 11; 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

BAENZIGER MARCEL

APRIL - 24 - 99 (94) 456 3677

Date

Daytime Phone #

CR2E034 (1/1/98)