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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V08383

(4)

PELICAN POINT HARBOR, INC.

FILED
Apr 29 1997 8:00am
Secretary of State

Principal Place of Business			Mailing Address				T INDUIT ALFAUT DATEL TOLOGY TELEV TRANS THAT DIDIT OTDIT OTDIT BY BY DEL BY DIT OTDIT OTDIT OTDIT OTDIT OTDIT				
385 HWY 98 E SUITE 90 DESTIN FL 32541		\$	385 HWY 98 E SUITE 60 DESTIN FL 32541-2351								
						3.	Date Incorporated or Qualified 01/21/1992	3a. Date of 04/18/1	Last Fieport		
2. Principal Place of Business 2a. Mailing Address							4.	FEI Number		Applied For	
21			26					<u>59-3110937</u>		Not Applicable	
22	Sulte, Apt. #, etc.	27	Suite, Apt. #, etc.					. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28	City & State				6.	Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24	Zip Cou 25	ntry 29	7 _{lp}	Cი. 30	intry		8.	This corporation has liability for in Florida Statutes	tangible tax u Yes \[\] No		
	9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
MITCHELL W LEGLER ONE INDEPENDENT DR						Name					
SUITE 3104 JCKSONVILLE FL 32202					82	Street Address (P.O. Box Number is Not Acceptable)					
					83	33					
					84	City			FL B5	Zip Code	
11	. Pursuant to the provisions of S	ections 607 0502 and 6	07 1508 Florida Statu	tos the a	hove	-named com	oralio	in submits this statement for the nu	rroce of char	aging its registered	

rursuant to the provisions of Sections 607, 1509, increa Statutes, the apove-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. 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 4 approaching (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DETERE TITLE Change Addition 1.1 10114 **BOS. PETER H** NAME 1.2 NAME 385 HWY. 98 E. STREET ADDRESS 1.3 STREET ADDRESS **DESTIN FL** CITY-ST-ZIP 1.4 CiTY - \$1 - 7/P TITLE DELETE 2.1 10116 Change Addition CLAUSON, GREG D NAME 2.2 NAME 385 HWY. 98 E. STREET ADDRESS 2.3 STREET ADDRESS DESTIN FL CITY-ST-ZIP 2. 4 CHY - ST- ZIP DELETE TITLE 3.1 1111.6 Change Addition PARKER, WENDY NAME 3.2 NAME 385 HWY. 98 E. STREET ADDRESS 3.3 STREET ADORESS **DESTIN FL** CITY-ST-ZIP 3.4 CITY - \$1 - ZIP DELETE Change TITLE Addition 4.1 111118 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY - S1 - Z(P DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETÉ TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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 angulal 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 receipter 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 adaptment with an address.

6.4 CITY - \$1 - 7IP

MATURE TITLE M