

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 729732 (8)

1. Corporation Name
DOLPHIN CONDOMINIUM INC.



Principal Place of Business Mailing Address
3642 NE 171 STREET NORTH MIAMI BEACH FL 33160-3047

3. Date Incorporated or Qualified **05/21/1974** 3a. Date of Last Report **04/12/1995**
4. FEI Number **59-2674457** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip 29. Country 30. Country

9. Name and Address of Current Registered Agent
**HORNSTEIN, CHARLES
3642 NE 171ST ST.
#408
NORTH MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKEY, LARRY	1.2 NAME	
STREET ADDRESS	3642 NE 171 STREET #202	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUQUAINE, WALLY	2.2 NAME	
STREET ADDRESS	3642 NE 171 STREET #205	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POST, JOHN	3.2 NAME	
STREET ADDRESS	1800 W 49 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDEN, RHODA	4.2 NAME	LINDEN, RHODA
STREET ADDRESS	3642 NE 171 STREET #505	4.3 STREET ADDRESS	
CITY-ST-ZIP	NMB FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNSTEIN, CHARLES	5.2 NAME	
STREET ADDRESS	3642 N 171 ST. #408	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIZZI, DAVE WILSON	6.2 NAME	
STREET ADDRESS	3642 NE 171 STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rhoda Linden **3-8-96** **945-0474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)