

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 23 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 370896 (3)

1. Corporation Name

~~DOLPHIN LIQUOR STORE, INC.~~

LYNDA BELL ENTERPRISES INC.

Principal Place of Business

23 NE A1A EXTENSION

P.O. BOX 3654

POMPANO BEACH FL 33062

Mailing Address

23 NE A1A EXTENSION

P.O. BOX 3654

POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/06/1970

3a. Date of Last Report

04/18/1994

4. FEI Number

59-1372148

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

21 1361 SW 26TH AVE

Suite, Apt. #, etc.

22

City & State
23 DEERFIELD BEACH FL

Zip
24 33442

Country
25 BROWARD

2a. Mailing Address

26 1361 SW 26TH AVE

Suite, Apt. #, etc.

27

City & State
28 DEERFIELD BEACH, FL

Zip
29 33442

Country
30 BROWARD

9. Name and Address of Current Registered Agent

BELL, LYNDA G.
1361 S.W. 26TH AVE.
DEERFIELD BEACH FL 33442

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 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

LYNDA G. BELL

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

Lynda G. Bell

6/12/95
(DATE)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PS
BELL, LYNDA
1361 S.W. 26TH AVE.
DEERFIELD BEACH FL 33442

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

~~VI~~
~~BELL, LYNDA~~
~~1361 S.W. 26TH AVE.~~
~~DEERFIELD BEACH FL~~

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

(addition of Zip Code)

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

(Deletion)

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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****225.00 ****225.00

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(h), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lynda H. Bell LYNDA G. BELL

6/12/95

(305) 427-5911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #