COR ANNU	NOW: FILING FEE PROFIT PORATION IAL REPORT 1999		FLORIDA DEPA Kathe	RTMENT (rine Harri ary of State	OF STATE	FILED Feb 18, 1999 Secretary o	f Stat	
	MENT # 39372	0				02-18-1999 90059 040 ***	**150.00	
DOLPHIN	N BUILDERS, INC.							
Principal Place of Business Mailing Address 380 RED ROAD 7380 RED ROAD OUTH MIAMI FL 33143 SOUTH MIAMI FL 33143							Al AlAic Afain Dibi	
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		·
		23	Mailing Address			01/04/1972 4. FEI Number		pplied For
Principal Pi	ace of Business	26	Walling Address			59-1378344		ot Applicable
Suite, Apt. :	#, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	+	Additional equired
2		27	City & State			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	May Be
City & State	8	28				Trust Fund Contribution		
Zip	Country		Zip	Cour	ntry	8. This corporation owes the current year	Intangible	□No
b	25 9. Name and Address of Cur	29	tored Agent	30		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Cul	Tent Keyis	teled Agent		81 Name	· · · · · · · · · · · · · · · · · · ·		
HESSEN, STEVE SR. 7380 RED RD. SOUTH MIAMI FL 33143				·	82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
					83	2010 - 10 - 10 - 10 - 10 - 10 - 10 - 10	47172 34	
					84 City	F	85 Zip	Code
<u> </u>						•		
11. Pursuant	to the provisions of Sections 607.	0502 and 6	07.1508, Florida Stat	utes, the al	ove-named cor	poration submits this statement for the purpose	of changing it pointment as r	s registered egistered
	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob					poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing it pointment as r	s registered egistered
office of n agent. I a	egistered agent, or both, in the St m familiar with, and accept the ob	ligations of	Section 607.0505, F	lorida Statu		red when reinstating) DATE	leg.	
office of r agent. I a SIGNATURE	egistered agent, or both, in the St m familiar with, and accept the ob Signature, typed or printed name of registered	ligations of	if applicable. (NO ECTORS	TE: Registered	Agent signature requi		AND DIRECT	ORS IN 12
	egistered agent, or both, in the St m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS	ligations of	if applicable. (NO	TE: Registered	Agent signature requi	red when reinstating) DATE	leg.	ORS IN 12
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