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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

一年一日日間等人等人因為自己工業等是在日本衛衛衛等等處

(4)

DOLPHIN FIBERGLASS PRODUCTS, INC.

FILED Jan 22 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address				
24801 PACKING HOUSE ROAD 26800 SW 202 AVENUE						
PRINCETON	N FL 33032	HOMESTEAD FL 33031-2106		DO NOT WORTS IN THIS SOLOS		
		US		DO NOT WRITE IN THIS	S SPACE	
				3. Date Incorporated or Qualified		
9 Principal C	Place of Business	2a. Mailing Address		07/14/1975 4. FEI Number	14	
	w.4th Avenue	26 26800Su)	202 Avenue	FO.464E000	Applied For	
21 6 3 Suite, Apt.	# alc	Suite, Apt. #, etc.	LUZ MYENING	<u>59-1615000</u>	Not Applicable \$8.75 Additional	
22	n, 000.	27		5. Certificate of Status Desired	Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Home	1 17, . 1	28 Homesteod	LiFlorida	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the c		
24 330	30 25 USA	29 33031-2106	30] U.SA	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Current			10. Name and Address of New Registered	d Agent	
BROYL, ROBIN 81 Name						
26800 S.W. 202 AVENUE			70 0000 4 8 4 4	BD Charat Addr (D.O. Day Myster in Not Assertable)		
HOMESTEAD FL 33031			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		
B3						
			B4 City	F	85 Zip Code	
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	s, the above-named coroo			
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 agont, 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.						
•	im tamiliar with, and accept the obligat	ions of, Section 607.0505, Flor	ioa Siaiutes.			
SIGNATURE	Signature, typod or printed name of registered agent	and tille if applicable (NOTE:	Registered Agent signature require	ed when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition	
NAME	BROYL, JACK HENRY JR		1.2 NAME			
STREET ADDRESS	26800 S.W. 202 AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD, FL		1.4 CITY - ST - ZIP			
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	Broyl, robin		2.2 NAME		-	
STREET ADDRESS	26800 S.W. 202 AVENUE		2.3 STREET ADDRESS			
CITY-S1-ZIP	HOMESTEAD FL		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME		_	32 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY - ST - ZIP			34. CITY-ST-ZIP		}	
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
		A Section 1				
CITY-ST-ZIP	The state of the s	DELETE.	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition	
					C. Cuange C. Adultion	
NAME		in the second	6.2 NAME			
STREET ADDRESS		and the second s	63 STREET ADDRESS			
CITY-\$T-ZIP			6.4 CITY - ST - ZIP			

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 13 if changed, or on an attachment with an address.

ROBIN BROYL

(305) 247-1748