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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28, 1999 8:00am

Secretary of State

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # 479179	1		01-28-1999 90026 025 *	***150.00
Corporation	n Name.				
DOLPHIN	N FIBERGLASS PRODUCTS	S, INC.		·	
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•	7 10 10 10 10 10 10 10 10 10 10 10 10 10				
Principal Place	e of Business	Mailing Address			
161 SW 4TH A		26800 SW 202 AVE			(C)
HOMESTEAD FI	L 33030 . : 기본()	HOMESTEAD FL 33031-2106 US		DO NOT WRITE IN T	HIS SPACE
US		00		3. Date Incorporated or Qualifed	
		,		07/14/1975	•
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1615000	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	,	Zip	Country	Trust Fund Contribution	Added to Fees
Zip	Country	<u> </u>	O	This corporation owes the current year Personal Property Tax.	r intangible ☐ Yes ☐ No
24	25 9. Name and Address of Curre		<u></u>	10. Name and Address of New Registe	
	3 * 2, . * *		81 Name		
	YL, ROBIN	. ;:*	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	0 S.W. 202 AVENUE		62 Street Addi	less (F.O. Dox Number is Not Acceptable)	in Jana 1984 – Lieuwa Pijeria (1884)
HOM	IESTEAD FL 33031		83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			84 City	<u> </u>	85 Zip Code
				·	FL "
44 5	to the provinces of Sections 607.050	02 and 607 1508 Florida Statutes	the above-named corn	paration cubmits this statement for the number	e of changing its registered
11 Pursuant	to the provisions of Sections our obt	of Florida Such change was gut	horized by the corporation	on's board of directors. I berefy accent the a	prointment as registered
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autations of, Section 607.0505, Florida.	horized by the corporation ta Statutes.	poration submits this statement for the purpos on's board of directors. I hereby accept the a	ppointment as registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Floric	ia Statutes.		
agent. Į a SIGNATURE	m familiar with, and accept the obligation of th	ations of, Section 607.0505, FIORC	agistered Agent signature require	od when reinstating). DATi	
agent. I a SIGNATURE 12.	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Floric ent and title if applicable. (NOTE: R ND DIRECTORS	aa Statutes. egistered Agent signature require		
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AI	ations of, Section 607.0505, FIORC	agistered Agent signature require	od when reinstating). DATi	E S AND DIRECTORS IN 12
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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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP