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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

| 1996                                      |                                    | 156.11                               | DIVISION OF CORPORATIONS   |                             |                        |  |  |
|---|------------------------------------|--------------------------------------|--|-----------------------------|------------------------|--|--|
| DOCUI                                     | MENT #                             | 547535                               | (5)  |                             |                        |  |  |
| DOLF                                      | PHIN MARINE S                      | ALES, INC.                           |  |                             |                        |  |  |
|   |                                    |                                      |  |                             |                        |  |  |
| Principal Place                           | of Business                        |                                      | lailing Address  |                             |                        |  |  |
| 408 N FEDERAL HWY<br>POMPANO BCH FL 33062 |                                    |                                      | 408 N FEDERAL HWY  |                             |                        |  |  |
| POMPANO                                   | BUH FL 33062                       |                                      | POMPANO BOH FL 30  | 3062                        |                        |  |  |
|   |                                    |                                      |  |                             |                        | <ol><li>Date Incorporated or Qualified<br/>09/22/1977</li></ol>                    | 3a. Date of Last Report<br>01/23/1995  |
| h   | nce of Business                    |                                      | . Mailing Address  |                             |                        | 4. FEI Number  | Applied For  |
| Suite, Apt.                               | #. etc.                            | 26                                   | Suite, Apt. #, etc.  |                             |                        | 59-1839404   | Not Applicable   |
| 22  | · ·                                | 27                                   | Ocho, 747. #, 616.   |                             |                        | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required   |
| Orty & State                              | ,                                  | 28                                   | City & State   |                             |                        | 6. Election Campaign Financing   | \$5.00 May Be  |
| Z(ρ)                                      | Cour                               |                                      | Zip  | Country                     |                        | Trust Fund Contribution  8. This corporation has liability for                     | Added to Fees  |
| 24  | o Name and Add                     | 29<br>Iress of Current Regis         | Navad Ameri  | 30                          | - · <u>-</u>           | Florida Statutes 🔀 Yes   | ; □ No   |
| A   | g. Harrie and Add                  | ress of Current Hegis                | tered Agent  | 81                          | Name                   | 10. Name and Address of New F  | tegistered Agent   |
|   | GE WENK                            |                                      |  | 82                          | Street Ado             | Iress (P.O. Box Number is Not Acceptat   | Ne!  |
| 840 SE 5 TERRACE<br>POMPANO BCH FL 33060  |                                    |                                      |  | 83                          |                        | 1000 ( 101 201 101 10 10 10 10 10 10 10 10 10 10 10                                |  |
| 1 OWII 7                                  | 410 DOI 1 L 3300                   | o .                                  |  |                             |                        |  |  |
|   |                                    |                                      |  | 84                          | City                   |  | FL 85 Zip Code   |
|   |                                    |                                      |  | the above-noby by the corpo | amed corporation's boa | ration submits this statement for the puring of directors. I hereby accept the app | rpose of changing its registered office ontment as registered agent. Lam   |
| SIGNATURE                                 | n, and accept the obli             | gations of, Section 607.             | 0505, Florida Statutes.  |                             |                        | ,  | on the first of th |
|   | Styr at inc. typica or printed har | the of registered agent and title it | The state of the s |                             | signature require      | ed when reinstating)   | DATE   |
| 12.                                       | Р                                  | OFFICERS AND DIREC                   | DELETE   | 13.                         |                        | ADDITIONS/CHANGES TO OFF   |  |
| NAME                                      | WENK, GEOR                         | GE                                   |  | 1.2 NAME                    | 1                      |  | Change Addition  |
| STREET ADDRESS                            | 840 SE S TER                       |                                      |  | 1.3 STREET                  | ADDRESS                |  |  |
| C(TY+ST+Z)P                               | POMPANO BO                         | H, FL 00000                          | ·  | 1.4 CITY-S1                 | - ZIP                  |  |  |
| 111, F                                    | S MATTAIN ASSETTING                | - LIP                                | DELETE   | 2 1 TITLE                   |                        |  | Change Addition  |
| NAME<br>STREET ADDRESS                    | WENK, MARLE<br>840 SE S TER        |                                      |  | 2 2 NAME                    |                        |  |  |
| OHY-S' ZIP                                | POMPANO BO                         |                                      |  | 2 3 STREET                  |                        |  |  |
| Tille                                     |                                    | 777 12 00000                         | ☐ DELETE   | 2.4 CITY-ST<br>3. 1 TITLE   | - ZiP                  |  | Change Addition  |
| NAME                                      |                                    |                                      | <del></del>  | 3.2 NAME                    |                        |  | Unange Xualiion  |
| STREET ADDRESS                            |                                    |                                      | ·  | 33 STREET                   | ADDRESS                |  |  |
| CITY-ST-ZIP                               |                                    |                                      |  | 3 4 C(TY - S)               | - <b>7</b> (P          |  |  |
| TIFLE                                     |                                    |                                      | ☐ DELETE   | 4. 1 TITLE                  |                        |  | ☐ Change ☐ Addition  |
| NAME<br>STREET ADDRESS                    |                                    |                                      |  | 4.2 NAME                    |                        |  |  |
| CITY ST-ZIP                               |                                    |                                      |  | 4.3 STREET                  |                        |  |  |
| ULE                                       |                                    |                                      | DELETE   | 4.4 CITY-ST<br>5.1 TITLE    | - ZIP                  |  | ☐ Change ☐ Addition  |
| NAME                                      |                                    |                                      |  | 5.2 NAME                    |                        |  | ☐ Change ☐ Addition  |
| STREET ADDRESS                            |                                    |                                      |  | 53 STREET                   | ADDRESS                |  |  |
| CIT SI ZP                                 |                                    |                                      |  | 5.4 City-St                 | - ZIP                  |  |  |
| TITLE                                     |                                    |                                      | DELETE   | 6. 1 TITLE                  |                        |  | ☐ Change ☐ Addition  |
| NAME                                      |                                    |                                      |  | 6.2 NAM€                    |                        |  |  |
| STREET ADDRESS                            |                                    |                                      |  | 6.3 STREET A                |                        |  |  |
| CHY-ST-ZIP                                | cortify that the inform            | ention ounstied with this            | Dan in the late of the late  | 64 CITY-ST                  | ZIP                    |  |  |

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 out; 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

SIGNATURE:

1 17 19 6 305-943-4133 Date Prone !