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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

(5)

DOLPHIN MARINE SALES, INC.

Mailino Address

FILED Jan 22 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing	Address			P [Antin dritt bille fann gring girmt gritt bil	111 0:01: 010:1 010: 010	14 21215 1981
408 N FEDI	ERAL HWY		N FEDERAL HWY					
POMPANO	BCH FL 93062	POM	PANO BCH FL 330)62		DO NOT WRITE IN TI	IIC CDACE	
						3. Date Incorporated or Qualified	113 SPACE	
						09/22/1977		
A Principal C	lace of Business	On Mail	ing Address			4. FEI Number	- I Jane	lind For
	ace of Business	h	ing Address			7		Applicable
Suite, Apt.	# ata	26 Suit	Suite, Apt. #, etc.			59-1839404	\$8.75 Ac	
	#, 6 10.	⊢ ¬	27			5. Certificate of Status Desired	Fee Req	
City & State			& State			a Flactice Counciles Financiae		
23	9		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip		Count	rv	8. This corporation owes or has paid the		
24	25	29		30	,	Personal Property Tax due June 30.		No
	g. Name and Address of Cur	11	Agent	[<u></u>]		10. Name and Address of New Register		
6	EORGE WENK			8	1 Name	е		
	40 SE 5 TERRACE OMPANO BCH FL 33060]8	2 Stree	et Address (P.O. Box Number is Not Acceptable)		
ļ "	OWENIO DOU LE 22000			ā	3			
į				L				
				8	4 City	ľ	=L 85 Zip Ci	ode
44 Purcupal	to the provisions of Sections 607	0502 and 607 15	OR Florida Statute	e the abr	ue-name	ed corporation submits this statement for the purpor	e of changing its	registered
office or r	epistered agent, or both, in the St	ate of Florida, St	uch change was a	authorized	by the co	orporation's board of directors. I hereby accept the	appointment as re	egistered
agent. fa	m familiar with, and accept the ob	ofigations of, Sec	tion 607.0505, Flo	orida Statut	es.			ļ
SIGNATURE	Signature, typed or printed name of registered	I wood sud tile if augh	cable (MOTE	E Bogistores (oonl empalu	ure required when reinstating) DA		
12.		AND DIRECTOR		13.	igesti sigrisica	ADDITIONS/CHANGES TO OFFICERS		IN 12
TITLE I	P		DELETE	1.1 TITLE			Change	Addition
NAME	WENK, GEORGE			1.2 NAM	E			į
STREET ADDRESS	840 SE S TERRACE				ET ADDRESS	s		
CITY-ST-ZIP	POMPANO BCH, FL 000	00			- ST - ZIP			į
TITLE	S		DELETE	2.1 TITLE			Change	Addition
NAME	WENK, MARLENE			2.2 NAM	F			
STREET ADDRESS	840 SE S TERRACE				- Et address	s		
CITY-ST-ZIP	POMPANO BCH, FL 000	00			'-ST- <i>Z</i> IP			
TITLE	1 0 111 111 0 00 11 1 1 2 000		DELETE	3.1 TITLE			Change	Addition
NAME				3.2 NAM				-
STREET ADDRESS					et address			
' '					'-S1-ZIP	´		
CITY-ST-ZIP			DELETE	4.1 TiTLI			Change	Addition
NAME				4.2 NAA				
STREET ADDRESS				1	et address			İ
				4.4 CITY		´		
CITY-ST-ZIP	-		☐ DELFT E	5.1 T(TL)			☐ Change	Addition
TITLE			C Section				Onungo	
NAME ATREET ARRESCO				5.2 NAM				ļ
STREET ADDRESS					ET ADORESS			ĺ
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		DELETE	5.4 CITY			☐ Change	Addition
TITLE			L J DELETE	6.1 7(7).			ш опануе	L MUUIIUII
NAME				. 6.2 NAM				
STREET ADDRESS				6.3 STRE	ET ADDRESS	5		
CITY-ST-ZIP				6.4 CITY	- \$T - 7 IP			

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.