

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

FILED

Mar 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **548104** (9)

1. Corporation Name  
**DOLPHIN PRODUCE, INC.**

Principal Place of Business  
**6894 LAKE WORTH ROAD SUITE-207  
LAKE WORTH FL 33467**

Mailing Address  
**6894 LAKE WORTH ROAD SUITE-207  
LAKE WORTH FL 33467-2964**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/30/1977</b>	3a. Date of Last Report <b>03/12/1996</b>
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>59-1776196</b>	Applied For Not Applicable
22 City & State	23	27 City & State	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent <b>HOFFMANN, ROGER G. 15845 WESTERLY TERRACE JUPITER FL 33477</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

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 agent, 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.

SIGNATURE

Signature of officer, printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HOFFMANN, ROGER G.	1.2 NAME	
STREET ADDRESS	15845 WESTERLY TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER, FL 33477	1.4 CITY - ST - ZIP	
TITLE	VST	2.1 TITLE	
NAME	HOFFMANN, MARTHA A.	2.2 NAME	
STREET ADDRESS	15845 WESTERLY TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER, FL 33477	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	HOFFMANN, MARTHA A.	3.2 NAME	
STREET ADDRESS	15845 WESTERLY TERRACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER, FL 33477	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

*Roger G. Hoffmann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger G. Hoffmann

Date

Daytime Phone #

0831132

CR2E034 (9/96)