FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 732410

(6)

FILED
Apr 24 1996 8:00 am
Secretary of State

THE D	OLPHIN PROJECT, INC.				1 100001 10000 41110 10017 01004 11044	F14 F1812 S7811 81511 F1	811 81811 818 17 1 84 7
Principal Place of Business 7900 RED ROAD		Mailing Address					
		7900 RED ROAD					
STE 26 S MIAMI FL 33143		STE 26					
		S MIAMI FL 33143					
US		U\$			 Date Incorporated or Qualified 04/09/1975 	3a. Date of La 04/28/	
Principal Place of Business		2a. Mailing Address			4. FEI Number	T	Applied For
Suite, Apt. #, etc.		26		59-1588098 Not Applicable		Not Applicable	
22)		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional			
City & State		City & State			Fe Fe	e Required	
23		28		6. Election Campaign Financing \$5.00 May Be			
Zip Country		Zip Country		Added to Fees			
24	25	29 30		8. This corporation has liability for intangible talt under s. 199.032, Florida Statutes			
	9. Name and Address of Curr		1991		10. Name and Address of New Re		
	-		81	Name		giotorou Agein	
STEINBERG, ROBERT S ESQ.			-	61	(D.C. D. 1)		
7900 RED ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)			
STE 26			83			······································	
S MIAMI FL 33143							
			64	City			Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes	s, the above-r	amed corpo	pration submits this statement for the purpo	·	s registered office
familiar w	rith, and accept the obligations of, Se	irida. Such change was authorize ction 617.0503, Florida Statutes.	d by the corp	oration's bo	pration submits this statement for the purpo and of directors. I hereby accept the appoin	ntment as registere	ad agent. I am
SIGNATURE							
10	Signature, typed or printed name of registered ag-		E. Registerad Agen	signature requir	ed wher reinstatings	DATE	
12.	OFFICERS AND DIRECTORS MDP		13.		ADDITIONS CHANGES TO OFFIC	LRS AND DIRECT	ORS IN 12
NAME	MDP DELETE O'BARRY, RICHARD		1 1 TITLE			☐ Change	Addition
STREET ADDRESS	7900 RED RD, STE 26		1.2 NAME				
CITY-ST-ZIP	S MIAMI FL		1.3 STREET ADDRESS				
TITLE	DVI		1.4 CITY - ST - ZIP				
NAME	O'BARRY, LINCOLN 7900 RED RD, STE 26 S MIAMI EI		2 1 TITLE	- 1		☐ Change	Addition
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS				
CITY-ST-ZIP							
THILE	D	□ DELETE	2 4 CITY-S 3 1 TITLE	T · ZIP			
NAME	COCKEY, PATTY	Постель	3.2 NAME			Change	Addition
STREET ADDRESS	7000 DED DD STE SE		33 STREET	DDDECC			
CITY - ST - ZIP	S MIAMI FL		3.4. CHY-S				
TITLE		DELETE	41 TITLE	· 21F		☐ Change	Addition
NAME		_	4. 2 NAME			<u> —</u> спапуе	□ vaduion
STREET ADDRESS			4.3 STREET /	IDDRESS			
CITY-ST-ZIP			4.4 CITY - ST				
TITLE			5 1 TITLE	· 		Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET A	DDRESS			
CITY-ST-ZIP	ST - ZIP		5 4 City-St				
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6 3 STREET A	DDRESS			

CITY-ST-ZIP

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIREC

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