FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 11 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **848014** **(7)**

1. Corporation Name
DOLPHIN HOLDINGS LIMITED, INC.

Principal Place of Business	Mailing Address
4900 GULF BLVD ST PETERSBURG BCH FL 33706	4900 GULF BLVD ST PETERSBURG BCH FL 33706-2412 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/21/1981	3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-2050786	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PFEIFER, HAROLD C. 4900 GULF BOULEVARD ST. PETERSBURG BEACH FL 33706	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 _____ DATE _____
Signature, typed or printed name of registered agent and the # appointed (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	RUDDY, JOHN	12 NAME		
STREET ADDRESS	COMM.HSE.,COMMERCIAL ST.	13 STREET ADDRESS		
CITY-ST-ZIP	ST.HELIER,JERSEY C.I	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	WILLIS,DONALD VERNON	22 NAME	J.C. BRANNAN	
STREET ADDRESS	COMM.HSE.,COMMERCIAL ST.	23 STREET ADDRESS	COMM.HSE.,COMMERCIAL ST.	
CITY-ST-ZIP	ST.HELIER,JERSEY C.I	24 CITY-ST-ZIP	ST.HELIER, JERSEY C.I	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	HUDSON, PALLISER AL.	32 NAME		
STREET ADDRESS	COMM.HSE.,COMMERCIAL ST.	33 STREET ADDRESS		
CITY-ST-ZIP	ST.HELIER,JERSEY C.I	34 CITY-ST-ZIP		
TITLE	DP	41 TITLE		☐ Change ☐ Addition
NAME	LAKHANI, NIZAR	42 NAME		
STREET ADDRESS	4900 GULF BLVD	43 STREET ADDRESS		
CITY-ST-ZIP	ST PETE BCH, FL USA00000	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: _____ 4/6/95 813 360-7011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0307100 CP