

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

**FILED**  
**Feb 07 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # 848014 (7)**  
 1. Corporation Name  
**DOLPHIN HOLDINGS LIMITED, INC.**



Principal Place of Business  
**4900 GULF BLVD  
 ST PETERSBURG BCH FL 33706**

Mailing Address  
**4900 GULF BLVD  
 ST PETERSBURG BCH FL 33706-2412  
 US**

3. Date Incorporated or Qualified **01/21/1981**      3a. Date of Last Report **06/10/1996**

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 Suite, Apt #, etc.      26 Suite, Apt #, etc.

22 City & State      27 City & State

23 Zip      28 Zip      Country      30 Country

9. Name and Address of Current Registered Agent  
**PFEIFER, HAROLD C.  
 4900 GULF BOULEVARD  
 ST. PETERSBURG BEACH FL 33706**

10. Name and Address of New Registered Agent

81 Name **LAKHANI, NIZAR H.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4900 GULF BOULEVARD**

83

84 City **ST. PETERSBURG BEACH FL**      85 Zip Code **33706**

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]*      DATE **1/31/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RUDDY, JOHN</b>	
STREET ADDRESS	<b>COMM.HSE.COMMERCIAL ST. ST.HELIER, JERSEY C.I</b>	
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>J.C. BRANNAN</b>	
STREET ADDRESS	<b>COMM HSE COMMERCIAL ST ST HELIER JE</b>	
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HUDSON, PALLISER AL.</b>	
STREET ADDRESS	<b>COMM.HSE.COMMERCIAL ST. ST.HELIER, JERSEY C.I</b>	
CITY-ST-ZIP		
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>LAKHANI, NIZAR</b>	
STREET ADDRESS	<b>4900 GULF BLVD</b>	
CITY-ST-ZIP	<b>ST PETE BCH, FL USA00000</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]*      DATE **1/15/97**      DAYTIME PHONE # **813 360 7011**

CR2E034 (9/96)