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Feb 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 848014

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/21/1981
4. FEI Number
59-2050786
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 owes the current year Intangible Personal Property Tax. [] Yes [] No

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

9. Name and Address of Current Registered Agent
LAKHANI, NIZAR H.
4900 GULF BLVD.
ST. PETERSBURG BEACH FL 33706

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE D [] DELETE
NAME J.C. BRANNAN
STREET ADDRESS COMM HSE COMMERCIAL ST
CITY-ST-ZIP ST HELIER JE
TITLE D [] DELETE
NAME HUDSON, PALLISER AL.
STREET ADDRESS COMM.HSE.,COMMERCIAL ST.
CITY-ST-ZIP ST.HELIER,JERSEY C.I
TITLE DP [] DELETE
NAME LAKHANI, NIZAR
STREET ADDRESS 4900 GULF BLVD
CITY-ST-ZIP ST PETE BCH, FL USA00000
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE DP [X] Change [] Addition
3.2 NAME LAKHANI, NIZAR
3.3 STREET ADDRESS 4900 GULF BLVD.
3.4 CITY-ST-ZIP ST. PETE BCH, FL. 33706
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nizar Lakhani*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 727-360-7011
Date Daytime Phone #

CR2E034 (1/98)