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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F9400006110 (0)

DOLPHIN CAPITAL MANAGEMENT INC.

Principal Place of Business Mailing Address

FILED Apr 25 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 11/30/1994 Q2/16/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For C2/16/1998 3. Date Incorporated or Qualified 11/30/1994 Q2/16/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3282933 Not Applied For 69-88293 N	TAMPA FL 3363	11VEH PRWT., 17220 37	TAMPA FL 33637-1017	WI. #220		
22. Mailing Address 24. Mailing Address 25. Mailing Address 25. September 25. Sept	US		U\$			
Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito April, into Solito A	2. Principal Fi	ace of Business	2a. Mailing Address		4. FEI Number	
Cay & State Cay &	21		26		59-3282933	Not Applicable
City & State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State	Suite, Apt	#, etc	 		5. Certificate of Status Desired	18
Zip Country Zip 30 30 Street composition has ballety for plant-glies lark under s. 199 032, Prod Statutes Wes No No No No No No No N		0	·····			
BACON, BARTHOLOMEW P 875 HIDDEN RIVER PARKWAY TAMPA FL 33637 11. Pursuent 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 diffect or registerated agent. In both, in the State of Footia, Such change was authorized by the corporation submits this statement for the purpose of changing its registered diffect or registeration within, and accept the obligations of Section 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In the State of Footia, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. In the state of the footia, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I are formation with, and accept the obligations of Section 607 0505. Florida Statutes, SIGNATURE SIGNATURE STOP OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME 13. SIRECT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CIVY ST. 2P 15. BACON, BARTHOLOMEW P 15. TAMPA FL 33647 16. DELETE 11 TILE 16. DELETE 21 TILE 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 22. NAME 23. SIRECT ADDITIONS 33. SIRECT ADDITIONS 34. CIVY ST. 2P 16. DELETE 11 TILE 16. DELETE 11 TILE 17. DELETE 11 TILE 18. DELETE 12 TILE 19. DELETE 12 TIL		Country	Zip	Country	8. This corporation has tiability fo	r intangible tax under s. 199.032,
BACON, BARTHOLOMEW P 8876 HIDDEN RIVER PARKWAY TAMPA FL 33837 11. Furnishment 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 requisition office or registered agent, or both, in the State of Florida. Such change was suffortized by the corporation's bother in the surpose of changing its requisition of agent, term familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE PSTD SECTION SECTIONS SECTIONS SECTION SECT	24			30		
## STRET ADDRESS Street Address P.O. Box Number Street Address P.O. Box Numbe			rrent Registered Agent			egistered Agent
TAMPA FL 33837 Ba				81 Name	- SAME -	
### CITY TO THE PROPERTY OF TH				80		
11. Pursuant to thic provisions of Soctions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, or the purpose of changing its registered agent, and accept the obligations of, Section 607 0505, Florida Statutes SIGNATURE 12. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE PSTD DELETE 1.1 TILE 3476E 0.0 May 1.1 TILE 0.0 May				80	(ite 220	/ / / / / / / / / / / / / / / / / / /
office or registroric 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 agent with, and accept the obligations of Section 607.0505, Plorida Statutes SIGNATURE				84 City	TAMPA	FL 85 336 37
12. Compared and all of Aspilicable MONTE Registered Agent signature mayabed when retrailability DATE	office or r	egistered agent, or both, in the S	State of Florida. Such change wa	s authorized by the co	d corporation submits this statement for the reporation's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered
BACON, BARTHOLOMEW P 12 NAME 13 STREET ADDRESS 717 HIDDEN GREEN LANE 13 STREET ADDRESS 14 CITY: ST-2P TAMPA FL 33647 14 CITY: ST-2P TAMPA, FL 336, 2.44 Change Addition Additi	SIGNATURE	Signar we have on printed name of registers	ल agent and illu d applicable (N	OTE: Registered Agent signatu		
BACON, BARTHOLOMEW P 12 NAME 13 STREET ADDRESS 717 HIDDEN GREEN LANE 13 STREET ADDRESS 14 CITY: ST-2P TAMPA FL 33647 14 CITY: ST-2P TAMPA, FL 336, 2.44 Change Addition Additi	12.					
STREET ADDRESS STATE HIDDEN GREEN LANE 13 STREET ADDRESS 14 CITY-ST-2P TAMPA FL 33647 TILE 14 CITY-ST-2P TAMPA FL 33647 TILE 15 TILE 16 Change Addition Additio	TILE					L Change L Addition
TITLE	NAME			1.2 NAME	1 .	WAY
TITLE	STREET ADDRESS		E	1.3 STREET ADDRESS	13609 WATERFALL	WAY 62.4
TITLE		TAMPA FL 33647			TAMPA, FL 330	24
23 STREET ADDRESS 23 STREET ADDRESS 24 CITY-ST-ZIP	TITLE		☐ DELETE	21 TITLE		Change Addition
CHY_SI_7P	NAME			22 NAME		į
DELETE STREET ADDRESS STREET ADDRE	STHEET ADDRESS			2 3 STREET ADDRESS		
NAME			T perse			
STREET ADDRESS			L_I DELETE	1		Unarige Li Addition
STREET ADDRESS STRE	NAME				·	
TILE	STREET ADDRESS					
NAME			Прит	······································		Change Addition
STREET ADDRESS			☐ percie			
A CITY - ST - ZIP						
DELETE	STREET ADDRESS			4.3 STREET ADDRESS		
NAME		1, the control of	T ACCEST			Ohomes Addition
STREET ADDRESS			□] btrflf			La Suma La Polition
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS						
TITLE DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS	STREET ADORESS					j
NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS		11.16.1/4.1.1				
STREET ADDRESS 6.3 STREET ADDRESS	TITLE		☐ DELETE	6.1 TITLE		L Change L Addition
	NAME			6.2 NAME		ļ
CITY - ST - ZIP	STREET ADDRESS			6.3 STREET ADDRESS		
	CITY-ST-ZIP			6.4 CITY-ST-ZIP		,

The managed searing that the imformation supplied with this timing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report as 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 of the receiver or truster an appears in Block 12 or Block 13 if changed, or on an apachment with an address.

SIGNATURE: