

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

**DOCUMENT # F95000003835 (4)**

1. Corporation Name

**DOLPHIN INTERNATIONAL CREATIVE ENTERTAINMENT, IN C.**



Principal Place of Business: **99 RUE DEPARIS TORCY (MAINE LA VALLEE) FRANCE 77200**  
 Mailing Address: **99 RUE DEPARIS TORCY (MAINE LA VALLEE) FRANCE 77200**

3. Date Incorporated or Qualified: **08/09/1995**  
 3a. Date of Last Report

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

4. FEI Number: **98-0154228**  
 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

9. Name and Address of Current Registered Agent  
**ALLEN, THOMAS R  
 340 N. ORANGE AVENUE  
 ORLANDO FL 32801**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed on page 14 of this report and the applicable (99) Form. Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
	<b>PSTD BOUVARD, FREDERIC R</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>RUE QUI CHANTE</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>77500 CHATELOUP EN BRIE</b>	14 CITY-ST-ZIP	
	<b>CD BOUVARD, CHRISTIAN</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>28 RUE MICHEL DE CHAMPROND</b>	22 NAME	
CITY-ST-ZIP	<b>77200 CROSSY BEAUBOURG</b>	23 STREET ADDRESS	
	<b>D KOELL, PAUL B</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>53 AVENUE D'ARMAINVILLIERS</b>	31 TITLE	
CITY-ST-ZIP	<b>77330 LESIGNY, FRANCE</b>	32 NAME	
	<b>D DAVENNE, PIERRE</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>14, BOULEVARD VITAL BOUBOT</b>	41 TITLE	
CITY-ST-ZIP	<b>92200 NEUILLY SUR SEINE</b>	42 NAME	
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		51 TITLE	
CITY-ST-ZIP		52 NAME	
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		61 TITLE	
CITY-ST-ZIP		62 NAME	
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 liquidator 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: *Christian Bouvard* **Christian BOUVARD** 6/2/96 33(1) 60170950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)