

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # H40836 (9)**
DOLPH DISTRIBUTING COMPANY, INC.
% GERALD M. LINKER
2401 N STATE ROAD 7
MARGATE FL 33063-5719

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/04/1985** 3a. Date of Last Report **7/95**

4. FEI Number **592497591** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$138.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

FILING FEE **\$200.00** ANNUAL REPORT **\$61.25** + **\$138.75 CORPORATION SUPPLEMENTAL FEE**
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

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

9. Name and Address of Current Registered Agent
LINKER, GERALD M.
2401 N STATE RD 7
MARGATE FL 33063

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code 86 Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 _____
(Registered Agent Accepting Appointment)

12. OFFICERS AND DIRECTORS
1.1 TITLE P/S/T
1.2 NAME **LINKER, GERALD M.**
1.3 ADDRESS **2401 N. STATE RD 7**
1.4 CITY-ST-ZIP **MARGATE FL**
2.1 TITLE **D**
2.2 NAME **LINKER, GERALD M.**
2.3 ADDRESS **2401 N. STATE RD 7**
2.4 CITY-ST-ZIP **MARGATE FL**
3.1 TITLE
3.2 NAME
3.3 ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-ST-ZIP

13. OFFICERS AND DIRECTORS CHANGES
1.1 TITLE
1.2 NAME
1.3 ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME **400001806914**
4.3 ADDRESS **-05/03/96--01054--038**
4.4 CITY-ST-ZIP *****200.00**
5.1 TITLE
5.2 NAME
5.3 ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-ST-ZIP

14. I 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. I further certify that I am an officer or director of the corporation or the registrar or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13, a change, or on an attachment with an address.

SIGNATURE _____ DATE _____
Print/Type Name of Signing Officer or Director _____ Title _____ Daytime Telephone Number **(305) 835-0411**