File Now. Filing Fee after May 1 is $220.00

CORPORATION
ANNUAL REPORT
[redacted] 1996

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

1. Name and Mailing Address of Corporation: DOCUMENT # H40836 (9)

PR0160054
DOLPH DISTRIBUTING COMPANY, INC.
% GERALD M. LINKER
2401 N STATE ROAD 7
MARGATE FL 33063-5719

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1985
3a. Date of Last Report: 7/97 [redacted]
4. FEI Number: 592497591 — Applied For / Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

LINKER, GERALD M.
2401 N STATE RD 7
MARGATE FL 33063

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 — 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 _____ (Registered Agent Accepting Appointment) DATE _____

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	P/S/T	1.1 TITLE	
1.2 NAME	LINKER, GERALD M.	1.2 NAME	
1.3 ADDRESS	2401 N. STATE RD 7	1.3 ADDRESS	
1.4 CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	
2.1 TITLE	D	2.1 TITLE	
2.2 NAME	LINKER, GERALD M.	2.2 NAME	
2.3 ADDRESS	2401 N. STATE RD 7	2.3 ADDRESS	
2.4 CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 ADDRESS		3.3 ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	400001806914
4.3 ADDRESS		4.3 ADDRESS	-05/03/96--01054--038
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	***200.00
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 ADDRESS		6.3 ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4/26/96

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 receiver 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 if a change, or on an attachment with an address.

SIGNATURE _____ DATE [redacted]

Print/Type Name of Signing Officer or Director | Title(s) | Daytime Telephone Number