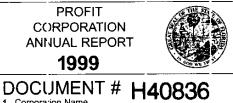
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DOLPH DISTRIBUTING COMPANY, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90197 026 ***150.00

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Principal Place of Business Mailing Address									
% GERALD M.		% GERALD M. LINKER							
2401 N STATE RD 7 MARGATE FL 33063		2401 N STATE RD 7 Margate FL 33063	2401 N STATE RD 7 MADGATE FL 33063		DO NOT WRITE IN THIS SPACE				
MANUATE II. J		MARIONIE LE VOICO			3. Date Ir corporated or Qualifed 02/04/1985				
2 Princina P	lace of Business	2a. Mailing Address			4, FEI Number		Apr	lied For	
¬ ·		26			59-2497591	-	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.	75 A	ditional	
22		27			5. Certifc ate of Status Desired	Fo	ee Red	uired	
		City & State			6. Election Campaign Financing	\$5	.00	/lay Be	
23		28			Trust Fund Contribution	Ac	ided to	Fees	
Zip	Cour try	Zip	Country	,	8. This corporation owes the current ye			_	
24	25	29 3	30		Persor al Property Tax.	Yes	š	□No	
-	9. Name and Address of Cui	rent Registered Agent			10. Name and Address of New Regist	er∈d Agent			
			81	Name					
	ER, GERALD M.		82	Street Ar di	ress (P.O. Bo> Number is Not Acceptable)				
	N STATE RD 7		1						
MAR	GATE FL 33063		83						
			-	075		85	Zip C		
			84	City		FL °°	2.p C	500	
SIGNATUF E	Signature, typed or printed name of registered			nt signature require	ed when reinstating) DA				
12.		ANI) DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRE		S IN 12	
TITLE	PST CERTIFICATION	☐ DELETE	11TITLE	1			alige		
NAME	LINKER, GERALD M.		1.2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP	MARGATE FL	[] or str	14 CITY-5	ST-ZIP			anne	Additio	
TITLE	D	☐ DELETE	2.1 TITLE			[_] 0,1	unge		
NAME	LINKER, GERALD M.		2.2 NAME						
STREET ADDRESS			1	TADDRESS					
CITY-ST-ZIP	MARGATE FL	DELETE	2. 4 CITY-	ST-ZIP		Ch	anne	Additio	
TITLE	V INNER IONATION	□ DEFE 15	3.1 TITLE			5 11			
NAME	LINKER, JONATHAN		3.2 NAME	TADDOESO					
STREET ADDRESS			•	T ADDRESS					
CITY-ST-ZIP	MARGATE FL	☐ DELETE	3.4. CITY-:	SI-ZIP		Ch	ange	Additio	
TITLE	V DOBERTA	☐ DEFE IE					90		
NAME	LINKER, ROBERTA	,	4. 2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP	MARGATE FL	☐ DELETE	4.4 CITY-5	SI-ZIP		Ch	ance	Additio	
TITLE		☐ DETE1E	5.1 HILE 5.2 NAME						
NAME				T ADDRESS					
STREET ADDRESS			5.4 CITY-5						
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				ance	Addition	
TITLE		Li Delete	6.2 NAME				∞.igo		
NAME				T ADDRESS					
STREET ADDRESS			•						
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP					

14. I heret y certify that the informa ion supplied with this filling does not qualify for the exemption stated in Section 119.0"(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 comporation 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 charged, or on an attachment with an address, with full other line empowered.

SIGNATURE:

4-23-69 Date