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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H56172 (0)

DOLPHIN ALUMINUM, INC.

Secre	etary	of	State

FILED

Apr 28 1998 8:00am

Principal Place of Business Mailing Address					I DOBIDAR BIDE BIRRE BAIDE REBER BIDAR BIDA DIDA DIDA	AL ELON DION DION ELON REDI
% GREGORY H. MOORE % GREGORY H. MOO		% Gregory H. Moore 2750 N. Federal Hwy Stuart Fl 34994		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		SPACE
•					05/09/1985	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2532508	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State	 		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the cu	
24	25 25 Name and Address of Currer	nt Registered Agent	30		Personal Property Tax due June 30. 10, Name and Address of New Registered	Y Yes No
	DORE, GREGORY H.	ut ughistaian vilair	81	Name	10. Name and Address of New Registered	Agent
	50 N. FEDERAL HWY		82		Jaco (D.O. Day Murchas is Not Associable)	
STUART FL 34994		83	Street Aug	dress (P.O. Box Number is Not Acceptable)		
			84	City	FL	85 Zip Code
Office of re	edistered agent, or boin, in the State	e of Florida. Such change was a	authorized by	∠the corpora	poration submits this statement for the purpose cation's board of directors. I hereby accept the app	of changing its registered
agent. I a	m familiar with, and accept the oblig	jations of, Section 607.0505, Fi	orida Statutes	3.	morro board of anothers. Thereby accopt the up,	Jonardon as registeres
SIGNATURE	Signature, typed or printed name of registered age	not and title if applicable (NOT	F. Reciptered Art	ent signature regui	uired when reinstating) DATE	
12.		ID DIRECTORS	13.	in algricio in qu	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	P0	☐ DELETÉ	1.1 TITLE			Change Addition
NAME	MOORE, GREGORY		12 NAME			
STREET ADDRESS	2511 NE PINECREST LK BLV	1	1.3 STAEET			
CITY-ST-ZIP TITLE	JENSEN BEACH FL STD	☐ DELETE	1.4 CITY - S	T-ZIP		Change Addition
NAME	MOORE, PATRICIA		2.1 TITLE 2.2 NAME			Change Addition
STREET ADDRESS	2511 NE PINECREST LK BLV	/	2.3 STREET	ADDRESS	•	
CITY-ST-ZIP	JENSEN BEACH FL		2. 4 CITY - S			
TITLE	VO	DELETE	3.1 TITLE			Change Addition
NAME	WEST, CHARLES		3.2 NAME			
STREET ADDRESS	2511 NE PINECREST LK BLV	l .	3.3 STREET			
CITY-ST-ZIP TITLE	JENSEN BEACH FL	DELETE	3.4. CITY - S	5T - ZIP		Change Addition
NAME		C) OFFICE	4.1 TITLE 4.2 NAME			Change Addition
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CiTY-S	1		
TITLE		☐ DELE TE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP		☐ DELETE	5.4 CITY - S	r· zip		Donner Diddition
TITLE NAME		F-1 pectur	6.1 TITLE 6.2 NAME			Change Addition
STREET ADDRESS	:		6.3 STREET	ADDRESS		
			0.3 3 mcc1	ADUNESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 corporation 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 changed, or on an attachment with an address.