

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H94942**

1. Corporation Name

**DOLPHIN PRESS & DESIGN, INC.**

Principal Place of Business

2072 SPRINT BLVD..  
APOPKA FL 32703

Mailing Address

2072 SPRINT BLVD..  
APOPKA FL 32703

**FILED**  
**Aug 16, 1999 8:00 am**  
**Secretary of State**

08-16-1999 90004 006 \*\*\*150.00

0039/3 - 90004 - '6



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/20/1986**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-2631958**

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 owes the current year  
Intangible Personal Property.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MELCHIORRE, GARY G.**  
**THE MELCHIORRES**  
**1029 BEARDED OAKS TERRACE**  
**LONGWOOD FL 32779**

81 Name

**Gary Melchiorre**

82 Street Address (P.O. Box Number is Not Acceptable)

**132 Durham Place**

83

84 City

**Longwood**

**FL**

85 Zip Code

**32779**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/11/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE

NAME **MELCHIORRE, GARY G.**

STREET ADDRESS **1029 BEARDED OAKS TERR**

CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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.

SIGNATURE:

**SIGNATURE REQUIRED**

**8/11/99**

CR2E034 (5/99)



**DOLPHIN**  
PRESS AND DESIGN, INC.

H94942  
605973-90004-6

August 11, 1999

Division of Corporations  
Annual Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

RE: Dolphin Press & Design  
FEI Number: 59-2631958  
Date Incorporated: 1/20/86

To Whom It May Concern:

This is a short note as follow-up to our conversation on Wednesday, August 11, 1999. We received a 1999 Profit Corporation Annual Report Packet 2<sup>nd</sup> Notice requiring us to pay a \$550.00 fee rather than a first notice fee of \$150.00.

Upon speaking with Jo in your customer relations department on 8/11/99, she told us to pay the \$150.00 and explain the situation.

I believe an error has occurred in that we did not receive the first notice. I am therefore enclosing a check in the amount of \$150.00. As I am sure your records show, we have never been late in submitting our fee previously.

If you have any questions in this regard, I may be reached at the address and phone number listed below.

Thank you for your courtesy in this regard.

Sincerely,

GARY MELCHIORRE

GGM/dda  
Enclosure