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

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

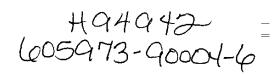
FILED Aug 16, 1999 8:00 am Secretary of State

08-16-1999 90004 006 ***150.00

DOCUMENT # H94942							
DOLPHIN PRESS & DESIGN, INC.				\lor	PUNC 73 . 003	, a •	
DOLPHIN PRESS & DESIGN, INC.					0059/3 - 90004 -	6	
						NON BIRTO DI DIL BIRTO DI DIL TOPO	
•		Mailing Address					
2072 SPRINT BLVD., APOPKA FL 32703		2072 SPRINT BLVD APOPKA FL 32703					
APUPRA FL 32/03		AFORM FL 32/03		Ì	DO NOT WRITE IN THIS SPACE		
				H	3. Date Incorporated or Qualified	7 07 7 10 2	
				1	01/20/1986		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-2631958	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional	
22		27		-	-5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees		
Zìp	Country	Zip	Country	1	8. This corporation owes the current year		
24	25	29	30	1	Intangible Personal Property.	Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	i Agent	
MELCHIORRE, GARY G.					Malahiarra	1	
		82 Stree	t Address	In McChiotre ddress P.O. Box Number is Not Acceptable)			
THE MELCHIORRES			1 13	132 Durham Place			
1029 BEARDED OAKS TERRACE LONGWOOD FL∕32779			83				
LUN	,	84 Çity			es Zin Codo		
I I I				nalis	FL 85 Zip Code 32779		
11. Pursuant	to the provisions of sections 607.0502	on submits this statement for the numose of o	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 polityflips of 607.0505, Florida Statutes.							
7 / F / F / F / F / F / F / F / F / F /							
SIGNATURE Signature, typed or prighted name of registered agent and title if applicable. (NOTE			OTE: Registered Agent signs	: Registered Agent signature required when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DP	☐ DELETE	1.1 TITLE			Change Addition	
NAME	MELCHIORRE, GARY G.		1.2 NAME		-1		
STREET ADDRESS	1029 BEARDED OAKS TERR		1.3 STREET ADDRESS		32 Durhay Place		
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP	Lor	1900d, FL 32779		
TITLE		DELETE	2.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS	;			
CITY-ST-ZIP			2.4 CITY-ST-ZIP		•		
_TITLE		- DELETE	3.1 TITLE	1	<u> </u>	Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS	;			
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE	,	DELETE	4.1 TITLE			Change Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS	: [
CITY-ST-ZIP			4.4 CITY-ST-ZIP	. }			
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS	:			
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME	1		. —	
STREET ADDRESS			6.3 STREET ADDRESS	; [
CITY-ST-ZIP	//	_	6.4 CITY-ST-ZIP				

14. I hereby certify that the information/supplied with this filling 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 corpolation 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, of on an attackment with an address.





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 2nd 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.

GARY MELCHIORRE

GGM/dda Enclosure