

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Merriam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 22 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # J89128 (9)**

1. Corporation Name  
**DOLPHIN TRANSFER, INC.**



Principal Place of Business: **238 OLD OAK CIRCLE PALM HARBOR FL 34683 US**  
Mailing Address: **238 OLD OAK CIRCLE PALM HARBOR FL 34683 US**

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	<b>08/25/1987</b>		<b>01/25/1995</b>
4.	FBI Number		Applied For
	<b>59-2834115</b>		Not Applicable
5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**GENSHEIMER, LEE SCOTT**  
**238 OLD OAK CIRCLE**  
**PALM HARBOR FL 34683**

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>	
83			
84	City		

**10. Name and Address of New Registered Agent**

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 officer 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature and printed name of the person who is the registered agent

Printed Name and Title of the person who is the registered agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GENSHEIMER, LEE S</b>	1.2 NAME	
STREET ADDRESS	<b>238 OLD OAK CIRCLE</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM HARBOR FL</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GENSHEIMER, VERONICA</b>	2.2 NAME	
STREET ADDRESS	<b>2380 OLD OAK CIRCLE</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>PALM HARBOR FL</b>	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Veronica Gensheimer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**VERONICA GENSHEIMER**

*3/15/96* *813-786 4414*

CR2E034 (12/95)