FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J96273** **(4)**

1. Corporation Name

DOLPHIN GAMES, INC.

Principal Place of Business	Mailing Address
% SAUL E. RUDO (B.B.M. OF SOUTH FLORIDA) 3050 SW 14 PL #10 BOYNTON BEACH FL 33426	% SAUL E. RUDO (B.B.M. OF SOUTH FLORIDA) 3050 SW 14 PL #10 BOYNTON BEACH FL 33426

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1987
3a. Date of Last Report: 06/16/1994

2. Principal Place of Business
21 Dolphin Games Inc
Suite, Apt. #, etc.
22 3050 SW. 14th Place
City & State
23 Boynton Beach, Fla
Zip 24 33426 County 25 Palm Beach

2a. Mailing Address
26 Dolphin Games INC
Suite, Apt. #, etc.
27 3050 SW. 14th Place
City & State
28 Boynton Beach, Flo
Zip 29 33426 County 30 Palm Beach

4. FEI Number: 65-0008182 ☐ 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

7. This corporation has taxable, for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RUDO, BERNARD 3050 SW 14TH PLACE SUITE 10 BOYNTON BEACH FL 33426	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	RUDO, BERNARD J.	12 NAME	
STREET ADDRESS	3050 SW 14TH PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	RUDO, SAUL E.	22 NAME	
STREET ADDRESS	3500 SW 14TH PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	RUDO, DAVID	32 NAME	
STREET ADDRESS	3050 SW 14TH PLACE	33 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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)(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: _____ 4/24/95 407-369-1339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0284790 CP