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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K55706

FILED Feb 13, 1999 8:00 am Secretary of State

02-13-1999 90030 006 ***150.00

DOLPHII	N FILM CLUBS, INC.									
Principal Plac	e of Business	Mailing Address					IM Ballik Birl Bigti	AIBN DIMI GIĞI	II 8144(91917 IE S)	. !
1564 S DIXIE HWY CORAL GABLES FL 33146 1564 S DIXIE HWY CORAL GABLES FL 33146			•			DO NOT WRITE IN THIS SPACE				
		•				3. Date Incorporated or Quali	led .			
0.0:	War of Burlings	2a. Mailing Address				01/04/1989 4. FEI Number			Applied For	1
─ `	face of Business	26. Mailing Accress				65-0236331		·	Vot Applicable	3
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					d []		Additional	<i>;</i> :
22		27				5. Certificate of Status Desire	• U	Fee F	Required	
- City & Stat	la	City & State				6, Election Campaign Financi	ست العوا		May Be	
23		28				Trust Fund Contribution			to Fees	,
Zip	Country	Zip	_ Cou	intry		8. This corporation owes the Personal Property Tax.	current year in	tangible Ves	□No	:
24	9. Name and Address of Curren	t Registered Agent	<u> </u>	_		10. Name and Address of Ne	nw Registered			
		Tragistal and Adding		81	Name					
PECORINO, ANTHONY D 2900 S.W. 114TH AVENUE		•		82	Street Addre	ss (P.O. Box Number is Not Acc	eptable)			
	MI FL 33165			83	<u> </u>					
				84	City	* *** * * * **************************	 	85 Zu	Code	
11. Pursuant office or r agent. I a	registered agent or both, in the State am tamiliar with single-script the obligation	of Florida. Such change was suff tions of, Section 607.0505. Florid	, use al norized a Stati	bove by 1 utes.	-named corpo he corporation	n's board of directors. I hereby a	cept the appo	intment as i	registered .	; :
11. Pursuant office or ragent. I a SIGNATURE		n and the if applicable. (NOTE: RI	13.	Agent		ADDITIONS/CHANGES TO	. DATE	ND DIRECT	ORS IN 12	1/98)
SIGNATURE	Signature, typels-of printed name of registered ager OFFICERS AN	n any title if applicable. (NOTE: RI	13.	Agent		when reinstating) - 1,2	. DATE		ORS IN 12	ŧ (11/98)
SIGNATURE 12. TITLE NAME	Signature, typals-or printed name of registered ager OFFICERS AN P PECORINO, ANTHONY D	n and the if applicable. (NOTE: RI	13. 1.1 TII 1.2 NA	Agent TLE VME	signature required	ADDITIONS/CHANGES TO	. DATE	ND DIRECT	ORS IN 12	034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typide or printed name of registered ager OFFICERS AN P PECORINO, ANTHONY D 2900 S.W. 114TH AVENUE	n and the if applicable. (NOTE: RI	13. 1.1 TO 1.2 NA 1.3 ST	Agent TLE VME.	alguature required	ADDITIONS/CHANGES TO	. DATE	ND DIRECT	ORS IN 12	2E034 (11/98)
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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 cath; 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, with all other like empowered.

SIGNATURE:

ATURE AND TYPES OR PRINTED MAME OF SUGNING OFFICER OR DIRECTOR

305 661- 9524

A CONTRACTOR OF THE STATE OF TH