

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L31950 (3)  
1. Corporation Name  
DOLPHIN LAKES VENTURE, INC.



Principal Place of Business Mailing Address  
% EDWARD E LEVINSON, ESO  
407 LINCOLN RD., PENTHOUSE 8E  
MIAMI BEACH FL 33139  
% EDWARD E LEVINSON, ESO  
407 LINCOLN RD., PENTHOUSE 8E  
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/27/1989

2. Principal Place of Business 21 c/o <del>Alan E.</del> E. Greenfield Suite, Apt. #, etc. 22 2600 Douglas Rd, #911 City & State 23 Coral Gables, FL Zip 24 33134	2a. Mailing Address 26 c/o <del>Alan E.</del> E. Greenfield Suite, Apt. #, etc. 27 2600 Gouglas Rd, #911 City & State 28 Coral Gables, FL Zip 29 33134	4. FEI Number 65-0160436 Applied For Not Applicable 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENFIELD, ALAN E  
2600 DOUGLAS RD STE 811  
CORAL GABLES FL 33134

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LIPP, JULES	1.2 NAME	Lipp, Jules
STREET ADDRESS	407 LINCOLN RD PH SE	1.3 STREET ADDRESS	c/o Alan E. Greenfield
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	2600 Douglas Rd, #911, Coral Gables FL 33134
TITLE	SD	2.1 TITLE	FL 33134
NAME	ROSSIN, JAY	2.2 NAME	SD/Rossin, Jay
STREET ADDRESS	407 LINCOLN RD PH SE	2.3 STREET ADDRESS	c/o Alan E. Greenfield, 2600 Douglas Rd, #911, Coral Gables, FL 33134
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	FL 33134
TITLE	VD	3.1 TITLE	VD
NAME	MATALON, ROBERT	3.2 NAME	Matalon, Robert, c/o Alan E. Greenfile
STREET ADDRESS	407 LINCOLN RD PH SE	3.3 STREET ADDRESS	2600 Douglas Rd, #911, Coral Gables, FL 33134
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	FL 33134
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

*[Handwritten Signature]* 1/12/98 (305) 443-2777

CR2E034 (10/97)