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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # L31950
1. Corporation Name

DOLPHIN LAKES VENTURE, INC.

Principal Place of Business Mailing Address

C/O ALAN E. GREENFIELD

CITY-ST-ZIP

C/O ALAN E. GREENFIELD

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90153 050 ***158.75



2600 DOUGLAS RD. #911 CORAL GABLES FL 33134		2600 GOUGLAS RD. #911 CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE				
US GRADEE	, , , , ,	US			3. Date Incorporated or Qualifed 11/27/1989			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21	•	26			65 -0160436			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State		City & State		Election Campaign Financing Trust Fund Contribution	- 11			
Zip 24	Country 25	Zip 29 30	Country		This corporation owes the curre Personal Property Tax.	ent year Int	angible	□No
	9. Name and Address of Currer		1		10. Name and Address of New R	tegistered	Agent	
			81	Name				
Greenfield, Alan e					(D.O. D. Nissels St. Mark Assessed	LILV.		
2600 DOUGLAS RD STE 911			82 Street Address (P.O. Box Number is Not Acceptable)			1		
CORAL GABLES FL 33134			83					
			L					
			84	City		FI.	85 Z	ip Code
44 0	to the provisions of Sections 607 050	22 and S07 1509 Florida Statutes	the above	a-named cor	rporation submits this statement for the		changing	its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	iorizea dv	the corporal	tion's board of directors. I hereby accep	t the appoi	ntment as	registered
SIGNATURE						DATE		
	Signature, typed or printed name of registered age		•	nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OF		ID DIDEC	TODS IN 12
12.		ND DIRECTORS	13.	· I	ADDITIONS/CHANGES TO OF	FICERS AN	Chang	
TITLE	PD	□ DELETE	1.1 TITLE					,
NAME	LIPP, JULES		1.2 NAME					1
STREET ADDRESS	2600 DOUGLAS RD, #911		1.3 STREET					
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-S	T-ZIP				A delition
TITLE			2.1 TITLE				Chang	ge Addition
NAME	ROSSIN, JAY		2.2 NAME					
STREET ADDRESS	2600 DOUGLAS RD, #911	and the same of th	2.3 STREET	TADDRESS	• •	•	••	• •
CITY-ST-ZIP	CORAL GABLES FL 33134		2. 4 CITY- S	T-ZIP				
TITLE	VD □ DELETE 3		3.1 TITLE				Chang	ge 🗌 Addition
NAME	MATALON, ROBERT	•	3.2 NAME					
STREET ADDRESS	2600 DOUGLAS RD, #911		3.3 STREE	TADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4. CITY- S	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Chan	ge
NAME		_ _* ** *_	4. 2 NAME					
STREET ADDRESS		÷	4.3 STREE	TADDRESS				
CITY-ST-ZIP	>		4.4 CITY-S	7				ļ
TITLE	****	☐ DELETE	5.1 TITLE	,			Chang	ge 🔲 Addition
NAME			5.2 NAME		14		•	
			5.3 STREE	TADDRESS	` **			
STREET ADDRESS			5.4 CITY-S					j
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	1-211			∰ Chang	e Addition
TITLE		C DETELE	6.2 NAME				L.J Oriani	,~
NAME	<i>;</i>							Ì
STREET ADDRESS	,		6.3 STREE	ADDRESS				

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, with all other like empowered.