

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L58723

(2)

1. Corporation Name

DOLPHIN C'S, INC.



Principal Place of Business

**1614 S. FEDERAL HWY
STUART FL 34994**

Mailing Address

**1614 S. FEDERAL HWY
STUART FL 34994**

2. Principal Place of Business

2a. Mailing Address

21

Subs. Apt. #, etc.

26

Subs. Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**OSBERG, JAMES
1162 SW PELICAN CRES.
PALM CITY FL 34990**

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 607.0503, 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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Officer or Director

Signature of Agent for Change of Registered Office

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	OSBERG, JAMES	
STREET ADDRESS	1162 SW PELICAN CRES	
CITY- ST- ZIP	PALM CITY FL	
TITLE	V	☐ DELETE
NAME	COOMBS, ROBERT	
STREET ADDRESS	845 VANDRA TERRADO	
CITY- ST- ZIP	JENSEN BEACH FL	
TITLE	ST	☐ DELETE
NAME	OSBERG, LUANN	
STREET ADDRESS	1162 SW PELICAN CRES	
CITY- ST- ZIP	PALM CITY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	☒ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	

*1589 Dyer Pl. Road
Palm City, FL 34990*

14. I do hereby certify that the information supplied in this filing is complete, 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 change of location and address with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luann Osberg

3-26-96

407-283-4797

CR2E034 (12/95)