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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

L58723

(2)

28. Melling Address 26. 735 Colorado A VC

DOLPHIN C'S, INC.

2. Principal Place of Business 21 735 (0/0/ado

Principal Place of Business
1614 S. FEDERAL 144Y
STUART FL 34994

SIGNATURE:

1614 S. FEDERAL HWY STUART FL 34RM

Mailing Address

Carlos Ca

97 JUN 27 AM H: 30

SECRETARY OF STATE TALLAHASSEE FLORIDA

3a. Date of Last Report

04/25/1995

407-283-4797

Applied For

Not Applicabl

3. Date Incorporated or Qualified

03/15/1990

94-3113976

6-24-97

4. FEI Number

Suite, Apt.	Letc. 4	Suite. Apl. #, etc. 4			5. Certific	ate of Status Desired			Additional equired
City & State	art FL	City & State 51007	FL		1	Campaign Financing and Contribution		,	May Be to Fees
24 3499	14 25 \$\$ USA	29 34944 3	Country 0 U=3			rporation has liability for Statutes	intangible No	tax under s 1	99.032,
	9. Name and Address of Current F	legistered Agent	81		10. Name	and Address of New I	Registered	Agent	
OSBERG, JAMES 1162 SW PELICAN CRES. PALM CITY FL 34990				City	CON NO	Number le Vot Ascepta	Fl	- '	Code
11. Pursuant to or registere familiar with SIGNATURE	o the provisions of Sections 607.0502 ar ad agent, or both, in the State of Florida. h, and accept the obligations of, Section	nd 607,1508, Florida Statutes, t Such change was authorized t 607,0505, Florida Statutes.	he above-r by the corpo	named ob oration's	proporation de mits for board of orectors.	his statement for the put hereby accept the app	irpose of ch pointment a	nanging its rej s røgistered a	gistered offic igent. I am
SIGNATURE _	Bignature, typed or printed name of registered agent and	tille if applicable (NOTE: F	logislarad Agen	t signature n	equired when reinstating)		DATE		
12.	OFFICERS AND D		13.		ADDITIO	ONS/CHANGES TO OF	FICERS AN		
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CITY-ST-ZIP	PALM CITY FL			1.4 CITY-ST-ZIP					
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certify that oath; that I appears in	certify that the information supplied with the information indicated on this angual ann an officer or director of the comorat Block 12 or Block 13 if changed or on a	n this filling is voluntarily furnishe report or supplemental annual r on or the receiver or trustee en an attachment with an adoppes	a and does report is tru npowered t	s not qua e and ac o execut	illy for the exemptic curate and that my e this report as req	on stated in Section 119 signature shall have the lired by Chapter 607, F	i.u7(3)(k), Fl e same lega lorida Statu	orida Statute: il effect as if r ites; and that	s. ylunnar nade under mv name

ComputerLand

HV

735 Colorado Avenue, Suite 4 • Stuart, Florida 34994 • (407) 283-4797 • FAX (407) 283-1984

June 24, 1997

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To whom it may concern,

Today I telephoned your address inquiring where my 1997 annual report was that I had never received in the mail. I was informed by the person that the State mailed it to our old address.

I informed her that our address had changed and she stated that the annual report was returned back to you.

On the enclosed annual report please note the address change. Thank you for your assistance.

Sincerely,

LuAnn Osberg