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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90082 001 \*\*\*150.00

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				11		-

1. Corporation Name

DOLPHIN LANDSCAPE, INC.

Principal Plac	ce of Business	Mailing Address			4 TORNICAL IN TRANSPORT OFFICE PLANT AND ASSETT	BIREI DIAM AIDIN	81811 <b>8</b> 1831 1881
17569 76TH S1	TN	POB 664					
LOXAHATCHEE FL 33470		LOXAHATCHEE FL 33470					
บร		US			DO NOT WRITE IN THIS	SSPACE	
					3. Date Incorporated or Qualifed		
O Dringing 5	Name of Business	a Mallin Address			03/14/1988		P - 1 F
<b>⊢</b> ¬ .	Place of Business	2a. Mailing Address			4. FEI Number	- <del> </del>	plied For
21 Suita Ant	4 -1-	26			65-0060947		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5Certifcate of Status Desired	\$8.75	Additional equired	
City & Stat		City & State				<del></del>	<u> </u>
23		28	•		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country	Zip	Count	·	This corporation owes the current year In	<del></del>	10 1 003
24	25	29	30	,	Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre		1301		10. Name and Address of New Registered		
			8	1 Name			
	Pez, Joseph K.		_				
1	33 EAST AINTREE DR.		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
LOX	HATCHEE FL 33470		8	3			
ł	,		_	<u> </u>		<del></del>	
{			8	4 City	FL	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statu	ites, the abo	ve-named con	poration submits this statement for the purpose of	f changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was	authorized b	v the corporati	ion's board of directors. I hereby accept the appo	intment as req	gistered
agent. i a	im familiar with, and accept the obliga	ations of, Section 607.0505, Fi	onga Statute	s.			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered Ag	ent signature require	ed when reinstating) DATE		——
12.	<del></del>	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE			Change	
NAME	LOPEZ, JOSEPH K.						☐ Addition
	10112, 00011111.		1.2 NAME	: 1		onunge	☐ Accinon
STREET ADDRESS	17569 76TH ST N			f			☐ Acaitian
STREET ADDRESS	17569 76TH ST N		1.3 STRE	ET ADDRESS			
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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 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.

SIGNATURE:

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99 Date Deutin