FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Dr Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

N33168

(8)

THE DOLPHIN-US PROJECT, INC.

FILED

May 20 1998 8:00am

Secretary of State

P	rincipal Place of Business	Mailing Address		-{	
	0822 N.W. 199TH AVE. LACHJA FL 32618	10822 N.W. 199TH AVE. ALACHUA FL 32615			Applied For Not Applicable
2. 21	Principal Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional Fee Required
2 2	Sulte, Apt. #, etc.	Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	City & State	City & State		7. Is this nonprofit corporation a homeowners association?	
24	Zip Country 25		untry	This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible Yes No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent 81 Name		
	WHITFIELD, DAVID 533 S. HOWARD AVENUE #818 TAMPA FL 33606			ess (P.O. Box Number is Not Acceptable)	85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. PD DELETE Change . Addition TITLE 1.1 TITLE BAY, SERENA 153 HURL PLACE **BAY. SERENA** NAME 1.2 NAME 145 E. CORTEZ, #203 STREET ADDRESS 1.3 STREET ADDRESS 32159 SEDONA AR 86351 1.4 CITY-\$T-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE **SMITH, FRANCIS** 2.2 NAME 67 ARBOR DRIVE 2.3 STREET ADDRESS **STREET ADDRESS HOHOKUS NJ 07423** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE MCDERMOTT, MICHAEL 3.2 NAME NAME 533 S. HOWARD AVE., #818 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33606 CITY+ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE WHITFILED. DAVID 4. 2 NAME 533 S. HOWARD AVE. #818 STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL 33606 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE YOUNG, FAY NAME 5.2 NAME 10822 N.W. 199TH AVENUE 5.3 STREET ADDRESS STREET ADDRESS ALACHULA FL 32615 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE GORR, CARLA NAME 6.2 NAME 4908 TREECORNERS PKWY. STREET ADDRESS 6.3 STREET ADDRESS NORCROSS GA 30092

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

352-750-4488