

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90068 019 ****61.25

DOCUMENT # N96000000757

1. Corporation Name

HUMAN DOLPHIN INSTITUTE, INC.

Principal Place of Business

8317 FRONT BEACH ROAD, SUITE 37-C2
PANAMA CITY BEACH FL 32407

Mailing Address

8317 FRONT BEACH ROAD, SUITE 37-A2
PANAMA CITY BEACH FL 32407



2. Principal Place of Business

5605 SUNSET AVE.

Suite, Apt. #, etc.

B

City & State

PANAMA CITY BEACH, FL

Zip

32408

Country

USA

2a. Mailing Address

5605 SUNSET AVE

Suite, Apt. #, etc.

B

City & State

PANAMA CITY BEACH, FL

Zip

32408

Country

USA

3. Date Incorporated or Qualified

02/08/1996

4. FEI Number

59-3421699

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

HESS, BRIAN D
9108 FRONT BEACH ROAD.
PANAMA CITY BEACH FL 32407

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
DP	ATLAS, MICHAEL A	1830 LAKE AVE.	PANAMA CITY FL 32405	<input type="checkbox"/>
DV	OSAWA, YUICHI	708 BUNKERS COVE ROAD	PANAMA CITY FL 32401	<input checked="" type="checkbox"/>
DST	RICHARD, DENIS	5605 SUNSET AVE. B	PANAMA CITY BEACH FL 32408	<input type="checkbox"/>
D	MCREE, RUSSELL	3004 SE SALERNO RD.	STUART FL 34997	<input type="checkbox"/>
D	VAN GILS, LEONARA	1830 LAKE AVE.	PANAMA CITY FL 32405	<input checked="" type="checkbox"/>
D	INGERSON, JOY B	8317 FRT. BEACH RD. 37A2	PANAMA CITY BEACH FL 32407	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
D	ATLAS, MICHAEL A	5605 SUNSET AVE. A	PANAMA CITY BEACH FL 32408					DPVST	Richard, Denis	5605 SUNSET AVE. B	PANAMA CITY BEACH FL 32408	D	MCREE, RUSSELL	3004 SE SALERNO RD.	STUART FL 34997								

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, with all other like empowered.

SIGNATURE: *Signature of Denis Richard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/99 (850) 230 6030

Date

Daytime Phone #

CR2E037 (11/98)