SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $278)

PROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **P31003** **(7)**

1. Corporation Name

DOLPHIN VILLAGE HOLDINGS, INC.

FILED
95 AUG -3 AM 9:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
G/O G.E. REAL ESTATE INVESTMENT COMPANY 1133 CONNECTICUT AVE., N.W., SUITE 600 WASHINGTON DC 20036	G/O G.E. REAL ESTATE INVESTMENT COMPANY 1133 CONNECTICUT AVE., N.W., SUITE 600 WASHINGTON DC 20036

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2029 K Street NW	2a. Mailing Address 26 2029 K Street NW
Suite, Apt. #, etc. 22 Suite 200	Suite, Apt. #, etc. 27 Suite 200
City & State 23 Washington, DC	City & State 28 Washington, DC
Zip / Country 24 20006 / 25 U.S.	Zip / Country 29 20006 / 30 U.S.

3. Date Incorporated or Qualified: 09/20/1990
3a. Date of Last Report: 11/22/1994
4. FEI Number: 52-1699395 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PFEIFFER, ROBERT E.	12 NAME	
STREET ADDRESS	260 LONG RIDGE ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	MOORE, WILLIAM P.	22 NAME	
STREET ADDRESS	260 LONG RIDGE ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☒ Change ☐ Addition
NAME	SILVERBERG, ROBIN	32 NAME	
STREET ADDRESS	1133 CONNECTICUT AV, NW	33 STREET ADDRESS	2029 K Street NW Suite 200
CITY-ST-ZIP	WASHINGTON DC	34 CITY-ST-ZIP	Washington, D.C. 20006
TITLE	CD	41 TITLE	☐ Change ☐ Addition
NAME	FRAZIER, MICHAEL D	42 NAME	
STREET ADDRESS	260 LONG RIDGE ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Robin Silverberg 7-28-95 (202) 296-4730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0178003 FP