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

CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000043912 (3) DOCUMENT #

DOLPHIN DATA PRODUCTS INC.

Mailing Address Principal Place of Business 4700 140TH AVE N. #103 CLEARWATER FL 34622-3847 4700 140TH AVE N. #103 CLEARWATER FL 34622-3847 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/14/1993 2. Principal Place of Business Mailing Address Applied For 59-3185109 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country 8. This corporation owes or has paid the current year Intangible Zin 7ip Personal Property Tax due June 30. 30 24 29 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name NERI, ROBERT 2296 LAGOON DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **DUNEDIN FL 34698-2530** 83 Zip Code 84 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 (NOTE Registered Agont signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. Addition DELETE Change 1.1 TITLE TITLE **NERI, ROBERT** 1.2 NAME NAME 2296 LAGOON DRIVE 1.3 STREET ADDRESS STREET ADDRESS **DUNEDIN FL 34698-2530** 1.4 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 2.1 TITLE TITLE **BRIGGS, RENEE** NAME 15011 GREELEY DR 2.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33625-1965 2.4 CITY - ST-ZIP CITY-ST-ZIF Addition Change DELETE 3.1 TITLE TITLE 12 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME

14. Thereby 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.

61 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5 4 CITY-ST-ZIP

63 STREET ADDRESS 6.4 CITY - ST - ZIP

4-8-98 313-536-68494331

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***158.75

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FILED

Apr 15 1998 8:00am

Secretary of State