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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P94000008810 (1)

ROYAL DOLPHIN, INC. Principal Place of Business Mailing Address 1515 GULFSTAR DRIVE SOUTH 1515 GULFSTAR DRIVE SOUTH NAPLES FL 34112 NAPLES FL 34112 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/02/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 65-0578497 21 26 Suite, Apt #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Zip Country Personal Property Tax due June 30. 24 26 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DIBENEDETO, ROBERT C/O GIRARDIN BALDWIN & ASSOC. LLP 62 Street Address (P.O. Box Number is Not Acceptable) 5147 CASTELLO DRIVE 83 NAPLES FL 34103 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 Signature, typed or printed name of registered agent and title II applicable. (NO1E: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE **PVST** 1.1 TITLE TITLE NIEHAUS, GERRIT 1.2 NAME NAME 1515 GULFSTAR DRIVE SOUTH 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ___ Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 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 Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change ___ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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 of the receiver or trusted 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 my an attachment with an address.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

FILED

Jan 20 1998 8:00am

Secretary of State