

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1993.
AMOUNT DUE ON OR BEFORE 8/9/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000020058 (1)

1. Corporation Name

DOLPHIN CUSTOM FRAMES, INC.

FILED

1995 AUG 10 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 3300 4171 BONITA BEACH ROAD #143 BONITA SPRINGS FL 33923		Mailing Address 4171 BONITA BEACH ROAD BONITA SPRINGS FL 33923 3300 Bonita Beach Rd. #143 Bonita Springs, FL 33923	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 SAME	26 SAME	03/11/1994	
Suite, Apt. #, etc. #4	Suite, Apt. #, etc. #4	4. FEI Number	Applied For
22	27	65-0469950	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 SAME	28 SAME	☐	
Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24 SAME	25 SAME	Trust Fund Contribution	☐
		29 SAME	30 SAME
		31 SAME	32 SAME

CREWS, NEEDHAM E
4171 BONITA BEACH ROAD
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name	ERIC CREWS
82 Street Address (P.O. Box Number is Not Acceptable)	66 Constitution Dr.
83	Naples FL 33962
84 City	FL 33962
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

N. Eric Crews

(NOTE: Registered Agent signature required when reinstating)

8/2/95

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	ERIC CREWS
STREET ADDRESS	66 Constitution Dr.
CITY - ST - ZIP	Naples, FL 33962
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number