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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 05 1997 8:00am

Secretary of State

1-71-97 (813) 525-6118

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000023051 (3)

DOLPHIN MARKETING, INC.

Principal Place		Mailing Addres						.,		
17041 BRIDLE PATH COURT			17041 BRIDLE PATH COURT LUTZ FL 33549-5296							
LUTZ FL 33549		LUIZ FL 33343	9290							
						<ol> <li>Date incorporated or Qualified 03/25/1994</li> </ol>	3a. Date 04/19	of Last Re /1996	eport	
2. Principal Pl	ace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number		Ap	oplied For	
21		26	26			<b>59-3231595</b> Not Applicable				
Sulte, Apt.	#, etc.	Suite, Apt. :	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22		27					<u> </u>	Fee Re	_ <u>.</u>	
City & State	e e e e e e e e e e e e e e e e e e e	<u></u>	City & State			6. Election Campaign Financing	<b>f</b> 1	<b>\$5.00</b> May Be		
23		28]	<del></del>	<u> </u>	<del></del>	Trust Fund Contribution		Added t	· · · · · · · · · · · · · · · · · · ·	
Zip	Country Zip		<b>⊢</b> ¬	Country		8. This corporation has liability for intangible tax under s.  Florida Statutes Yes No			. 199.032,	
24	25 9. Name and Address of Cur	[29] rent Registered Agent	30	T-		Florida Statutes  10. Name and Address of New Re				
TILE	R. HUFFER			81	Name				**************************************	
	41 BRIDLEPATH COURT									
	Z FL 33549			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)			
LOTA	2 FL 33348			83						
				84	City		FL	<b>85</b>   Zip (	Code	
11. Pursuant i	to the provisions of Sections 607.0	0502 and 607,1508. Flo	rida Ŝtatutes, th	ne abov	e-named co	orporation submits this statement for the p	uroose of ch	nanging it	s registered	
office or re	egistered agent, or both, in the St	ate of Florida, Such cha	inge was autho	orized b	y the corpor	ration's board of directors. I hereby accep	st the appoin	ilment as	registered	
	m rammar with, and accept the or	nigations of Section of	7.0000, 1 lolloa	Jiaioie	· .					
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Reg	istered Ag	cri signature rec	quired when reinstating)	DATE			
12.	OFFICERS .	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	IS IN 12	
TITLE	P		DELETÉ	1.1 TITLE				] Change	Addition	
NAME	HUFFER, TIM R			1.2 NAME						
STREET ADDRESS	17041 BRIDLE PATH COUR	T	:	1.3 STREE	T ADDRESS					
CITY-ST-ZIP	LUTZ FL 33549			1.4 CITY-:	ST-ZIP			<u> </u>		
TITLE		[_] 1	DELETE	2.1 TITLE			L.	_ Change	Addition	
NAME				2.2 NAME						
STREET ADDRESS				2.3 STREE	1 ADDRESS					
CITY-ST-ZIP				2. 4 CHY-	ST-ZIP		·	1 01	1.000	
TATLE		[]		3.1 TITLE			L.	_ Change	Addition	
NAME				3.2 NAME						
STREET ADDRESS					1 ADDRESS					
CITY-ST-ZIP				3.4. CHY-	S1-ZIP			Change	Addition	
TITLE				4.1 TITLE			L,	T Cusuffe	Muoritori	
NAME				4. 2 NAME						
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP TITLE				4.4 CITY - 5.1 TO LE	51-21		· ·	Change	Addition	
NAME			· ·	5.2 NAME	ļ		<b>L</b>			
STREET ADDRESS			i i		1 ADDRESS					
CITY-ST-ZIP				5.4 CITY-						
TITLE				6.1 TITLE	21.511			Change	Addition	
NAME		_		6.2 NAME			<u></u>	•	•	
STREET ADDRESS					1 ADDRESS					
CITY-ST-ZIP				6.4 CITY -						
14. Ldo heret	by certify that the information supp	olled with this filing doe	s not qualify for	the ex	emotion stat	ed in Section 119.07(3)(i), Florida Statute	s. I further co	ertify that	the	
Informatio	in indicated on this annual report fficer or director of the corporation	or supplemental annual n or the receiver or hist	report is true a ee empowered	and acc d to exe	urate and th cute this red	nat my signature shall have the same lega port as required by Chapter 607, Florida S	⊥ettect as if itatutes; and	made un- that my r	der oath; that name	
appears i	n Block 12 or Block 13 if change	l, or on an attlichment v	vith an address	š. <i>1</i>		, , , , , , , , , , , , , , , , , , , ,	-,			