## 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 # P94000026665 (7)

DOLPHIN DETAILING, INC.

Principal Place of Business		Mailing Address		{   1,001,1001,410,1011,01011,00111,00111,00111,00111,00111	.
6366 BENGAL CIRCLE BOYNTON BEAHC FL 33437 US		6366 BENGAL CIRCLE BOYNTON BEHAC FL 33437 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				3. Date incorporated or Qualified 04/07/1994	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26]	1 (A T-1) P (A) A SA - A A - A - A - A - A - A - A - A	65-0485019	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	V A. C. No. Andrews	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country		[28] Country		Trust Fund Contribution	Added to Fees
24	25	29	30	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current year Intangible  Pes No
	9. Name and Address of Curren			10. Name and Address of New Register	
FLOWERS, THOMAS 6366 BENGAL CIRCLE BOYNTON BEHAC FL 33437			81 Name		
			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
		83			
			84 City		85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida State	utes, the above-named cor	moration submits this statement for the number	e of changing its registered
office or re	e <b>gistered age</b> nt, or both, in the State m f <b>ami</b> liar with, and accept the obliga	of Florida, Such change was	s authorized by the corpora	ation's board of directors. I hereby accept the a	appointment as registered
SIGNATURE	· · · · · · · · · · · · · · · · · · ·				
	Signature, typed or printed name of registered age		III : flegisterod Agent signature requ		
TITLE	OFFICERS ANI	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12  Change Addition
NAME	FLOWERS, THOMAS	F-1 PRO-2	1.2 NAME		
STREET ADDRESS	6366 BENGAL CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON EBHAC FL		1.4 CITY-ST-7IP		
TITLE	<b>V</b> O	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FLOWERS, ROSEANN		2.2 NAME		
STREET ADDRESS	6366 BENGAL CIRCLE		2.3 STREET ADDRESS		
CITY+ST-ZIP	BOYNTON BEHAC FL	T DELETE	2 4 CHTY-ST-ZIP		T o Address
TITLE NAME		☐ DELETE	3.1 1/1LE		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELFTE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS	•	
CITY-ST-ZIP		DELETE	5 4 CITY- ST- ZIP		Ohanna Addition
TITLE		L' DETETE	61 11111		Change Addition
NAME PERFET ADDOCCO			6.2 NAME		İ
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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 enrural report for 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 13 or Block 13 of changed, or operatural existence with an address.

4.1490

501900 1000

**FILED** 

Apr 21 1998 8:00am

Secretary of State