

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

FILED
May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000013079 (5)

1. Corporation Name
DOLPHIN CONTRACTORS INC.

Principal Place of Business
13986 W. HILLSBOROUGH AVE.
TAMPA FL 33635
US

Mailing Address
13986 W. HILLSBOROUGH AVE.
TAMPA FL 33635-9656
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 4771 Lakeshore Loop		26 4771 Lakeshore Loop		02/15/1995		01/31/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27				<input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Oldsmar, FL		28 Oldsmar, FL		<input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24 34677		25 USA		29 34677		30 USA	
29 34677		30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FARHADI, MEHDI 1923 SAGINAW COURT OLDSMAR FL 34677				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				4771 Lakeshore Loop			
				83			
				84 City			
				Oldsmar, FL			
				85 Zip Code			
				34677			

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 *Mehdi Farhadi* DATE 4-14-97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE P <input type="checkbox"/> DELETE				1.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME FARHADI, MEHDI				1.2 NAME Adela Farhadi			
STREET ADDRESS 1923 SAGINAW COURT				1.3 STREET ADDRESS 4771 Lakeshore Loop			
CITY-ST-ZIP OLDSMAR FL 34677				1.4 CITY-ST-ZIP Oldsmar, FL 34677			
TITLE S <input type="checkbox"/> DELETE				2.1 TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME FARHADI, MEHDI F				2.2 NAME Mehdi Farhadi			
STREET ADDRESS 1923 SAGINAW COURT				2.3 STREET ADDRESS 4771 Lakeshore Loop			
CITY-ST-ZIP OLDSMAR FL 34677				2.4 CITY-ST-ZIP Oldsmar, FL. 34677			
TITLE V <input type="checkbox"/> DELETE				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME FARHADI, ADELA				3.2 NAME			
STREET ADDRESS 1923 SAGINAW CT				3.3 STREET ADDRESS 4771 Lakeshore Loop			
CITY-ST-ZIP OLDSMAR FL				3.4 CITY-ST-ZIP Oldsmar, FL. 34677			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 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 *Sandra B. Mortham* DATE 5/10/97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

CR2E034 (9/96)