

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000014741 (9)

1. Corporation Name

DOLPHIN SWIM SCHOOL, INC.



Principal Place of Business

Mailing Address

215 MCFARLANE DR. #4
DELRAY BEACH FL 33483

215 MCFARLANE DR. #4
DELRAY BEACH FL 33483

2. Principal Place of Business

2a. Mailing Address

21 1010 N.E. 8th Ave.

26 1010 N.E. 8th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #11B

27 #11B

City & State

City & State

23 Delray Beach, FL

28 Delray Beach, FL

Zip

Zip

24 33483

25 Palm Beach

29 33483

30 Palm Beach

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/20/1995

3a. Date of Last Report

2/20/95

4. FEI Number

65-0569996

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

10. Name and Address of New Registered Agent

CAPPELLER, MARY E
215 MCFARLANE DR. #4
DELRAY BEACH FL 33483

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Mary E. Capper

Signature of person or persons in place of registered agent, if applicable

(NOTE: Registered Agent signature required after initial filing)

6/6/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME CAPPELLER, MARY E
STREET ADDRESS 215 MCFARLANE DR. #4
CITY-ST-ZIP DELRAY BEACH FL 33483

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary E. Capper

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96

407-243-8445

CR2E034 (3/96)