FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

DOCUMENT # P95000030728 (6)

	On potation name					
1	WILLIAM	DOLDLINE	\triangle			

WHITE	DOLPHIN CORP.							
Principal Place	e of Business	Mailing Address				<u> </u>		
350 FIFTH AVI SUITE 200		350 FIFTH AVENUE SOL SUITE 200	350 FIFTH AVENUE SOUTH SUITE 200					
NAPLES FL 33	3940	NAPLES FL 33940			3. Date Incorporated or Qualified 3a 04/19/1995	. Date of Last Report		
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For		
1]	E ete	26			<u> </u>	Not Applicable		
Suite, Apt		Suite, Apl. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country Zip 4 25 29		29	Country 30		8. This corporation has liability for intans Florida Statutes			
	9. Name and Address of Curre	nt Registered Agent	81	T	10. Name and Address of New Regis	tered Agent		
000000				Name				
CORPORATION INFORMATION SERVICES INC. 1201 HAYS STREET			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
TALLAHA	SSEE FL 32301		83					
			84	City		FL 85 Zip Code		
 Pursuant or register familiar wi 	to the provisions of Sections 607.050 red agent, or both, in the State of Flo- ith, and accept the obligations of, Sec	2 and 607.1508, Florida Statut rida. Such change was authoriz ction 607.0505, Florida Statutes	es, the above ed by the corp s.	named corpo poration's boa	ration submits this statement for the purpose and of directors. I hereby accept the appointm	of changing its registered office ent as registered agent. I am		
S:GNATURE	Standare typed or printed name of registered age:	or somethy considerable.	ITE Danstored An	all formed are non-in-	ed when remstating?			
12.		ND DIRECTORS	13.	in signature respons	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12		
THEF	PST	DELETE	1. 1 TiTLE			☐ Change ☐ Addition		
NAME	NIEHAUS, GARRITT		1.2 NAME					
STREET ADDRESS	350 FIFTH AVENUE SOUTH,	# 200	1.3 STREE	T ADDRESS				
CHY ST 7P	NAPLES FL 33940		14 CITY -	\$T-ZIP				
TILE	MICKEL OFIDDIN M	☐ DELETE	2 1 TITLE			Change Addition		
NAME	NICKEL, GUDRUN M 350 FIFTH AVENUE SOUTH, (4000	2 2 NAME					
STREET ADDRESS	NAPLES FL 33940	F200		1 ADDRESS				
CIFY+Ş1+ZVE TIFLE	100 220 12 00010	□ DELETE	24 CITY- 3 1 TITLE	S1-ZIP		Change Addition		
NAM;			32 NAME					
STREET ADORESS				T ADDRESS				
CHY ST ZIP			3.4 C(TY-	1				
THLE		☐ DELETE	4. 1 TITLE			☐ Change ☐ Addition		
NAME			4.2 NAME					
STHELL ADDRESS			4.3 STREE	F ADDRESS				
CHTY ST ZIP			4 4 C(TY-	ST - ZIP				
THE		☐ DEFE1E	5 1 TITLE			Change Addition		
NAME SELLI ADSOCCO			5.2 NAME					
STREET ADDRESS				ADDRESS				
CiTY-S1-7iP Title		DÉLETE	6 1 TITLE	st - ZIP		Change Addition		
NAME		E) receive	6 2 NAME			C Outside D Manufult		
STREET ADDRESS				ADDRESS				
C(1Y+\$1+76P			64 CHY-					
14. Tdo hereb	y certify that the information supplied the information indicated on this ann	with this filing is voluntarily furn			or the exemption stated in Section 110 07/01	0.5 Florido Otos dos 1.6 Abro		

- GERRIT NIEWAYS L-15-16 941-7159715

ED NAME OF SIGNING OFFICER OR DIRECTOR