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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P95000030728 (6)

1. Corporation Name

WHITE DOLPHIN CORP.

Principal Place of Business	Mailing Address
~~350 FIFTH AVENUE SOUTH~~ ~~SUITE 200~~ ~~NAPLES FL 33940~~	~~350 FIFTH AVENUE SOUTH~~ ~~SUITE 200~~ ~~NAPLES FL 34102-6503~~

3. Date Incorporated or Qualified 04/19/1995		**3a. Date of Last Report** 03/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0599587	Applied For / Not Applicable
21 *1515 GULFSTAR DRIVE S*	26 *1515 GULFSTAR DRIVE S.*		
Suite Apt # etc. 22	Suite, Apt. #, etc. 27	**5. Certificate of Status Desired** ☐	**$8.75** Additional Fee Required
City & State 23 *NAPLES FL*	City & State 28 *NAPLES FL*	**6. Election Campaign Financing Trust Fund Contribution** ☐	**$5.00** May Be Added to Fees
Zip 24 *34112* / Country 25 *USA*	Zip 29 *34112* / Country 30 *USA*	**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes** ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC. **1201 HAYS STREET** **TALLAHASSEE FL 32301**	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ~~PST~~ ☐ DELETE	1.1 TITLE *PVST* ☒ Change ☐ Addition
NAME ~~NIEHAUS, GARRITT~~	1.2 NAME *NIEHAUS, GERRIT*
STREET ADDRESS ~~350 FIFTH AVENUE SOUTH, #200~~	1.3 STREET ADDRESS *1515 GULFSTAR DRIVE S,*
CITY-ST-ZIP ~~NAPLES FL 33940~~	1.4 CITY-ST-ZIP *NAPLES, FL 34112*
TITLE V ☒ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME ~~NICKEL, GUDRUN M~~	2.2 NAME
STREET ADDRESS ~~350 FIFTH AVENUE SOUTH, #200~~	2.3 STREET ADDRESS
CITY-ST-ZIP ~~NAPLES FL 33940~~	2.4 CITY-ST-ZIP
TITLE ☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE ☐ DELETE	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	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE ☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #