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 # P95000030908 (4)

FILED Mar 25 1998 8:00am Secretary of State

DOLPH	IIN HOMES, INC.	, , , , , , , , , , , , , , , , , , , ,			
Principal Place of Business Mailing Address				# 188411£85 158 18101 BITH #8151 WEITH BBITH	IN CONTRACTOR CONTRACTOR SECTIONS
3202 HENDERSON BLVD., STE. 202 3202 HENDERSON BLVD. TAMPA FL 33609 TAMPA FL 33609			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	
				04/13/1995	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3310638	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27					Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	28 7m	Country	Trust Fund Contribution	Added to Fees
24	— ´	Zip	30	6. This corporation owes or has paid th	e current year Intangible
<u> </u>	9. Name and Address of Curre	29 ent Registered Agent	190	Personal Property Tax due June 30. 10. Name and Address of New Registe	
10			81 Name	The state of the s	· · · · · · · · · · · · · · · · · · ·
	VINE, ARNOLD D				
100 S. ASHLEY DR., STE. 1600 TAMPA FL 33602			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
IA	MEN EL 330VE		83		
			84 City		FL 85 Zip Code
11. Pursuant office or agent. La	Marie -			poration submits this statement for the purpo- tion's board of directors. I hereby accept the	
12.	Signature and or printed name of registered	NO DIRECTORS	E Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	1 /	DELETE	1.1 TUTLE	ADDITIONS/OFFICINGES TO OFFICE HO	Change Addition
NAME	FERNANDEZ, CLIFFORD D		1.2 NAME		
STREET ADDRESS	3202 HENDERSON BLVD., S	STF. 202	1.3 STREET ADDRESS		1
CITY-S1-ZIP	TAMPA FL 33609		1.4 CITY - ST - ZIP		
TITLE	VP.	DELETE	2.1 TITLE		Change Addition
NAME	LEVINE, ARNOLD D		2.2 NAME		ĺ
STREET ADDRESS	3202 HENDERSON BLVD, S	TE 202	2 3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	_	2. 4 CITY - ST - ZIP		
TITLE	S	DELETE	3.1 TITLE		Change Addition
NAME	FERNANDEZ, CAROLDENE		3.2 NAME		
STREET ADDRESS	3202 HENDERSON BLVD, S	TE 202	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-2IP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	1		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		TT access	4.4 CITY-ST-ZIP		[7] ö [3]
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME	J		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ĺ
CITY-ST-ZIP		T briege	5.4 CITY-ST-ZIP		Порти
TITLE		L□ DELETE	6.1 TITLE		L_ Change L_ Addition
NAME			6.2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		
CITY-ST-ZIP	1		6.4 City - St - ZiP	Section 119 07(3)(i) Florida Statutes 1 furth	

4. Thereby certify that the information supplied with this filling 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 suppliemental 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 changing in on a state ment of 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 changing in on a state ment of 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 changing in 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 changing in 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 changing in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: