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 #

P95000038743 (7)

DOLPHIN JEWELERS INC.

SIGNATURE:

FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			i (Mairea) fra idra drift marti adrit daire daire daire i fet i dati dent arată îtit ibbi		
160 PLANTATION DRIVE 160 PLANTATION		160 PLANTATION DRIVE	DRIVE		
PLANTATION KEY FL 33070		PLANTATION KEY FL 33070			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					05/16/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For
27 2910 Oakword Blobs & Same					65-0581451 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional
22 OAKwood Dranger exchange				5. Certificate of Status Desired Fee Required	
City & State				6. Election Campaign Financing \$5.00 May Be	
23 HOLLY 28 28					Trust Fund Contribution Added to Fees
Zip Country Zip Country				,	8. This corporation owes or has paid the current year Intangible
24 35 25 25 25 29 30 30 30 S. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
		Mistered About	81	Name	
	OTH, DEBRA				
160 PLANTATION DRIVE			82	Street	Address (P.O. Box Number is Not Acceptable)
PI	ANTATION KEY FL 33070		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. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE :	Signature, typod or printed tiarne of registered agent an	d telnid applicable (NOTE:	Registered Ago	ent signaturi	e required when reinstating) DATE
12.	OFFICERS AND D		13.	· · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	roth, Debra		1.2 NAME		
STREET ADDRESS	160 PLANTATION DRIVE		1.3 STREET	ADDRESS	
CITY-ST-ZIP	PLANTATION KEY FL 33070		1.4 CITY - S	T-ZIP	
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET	ADDRESS	
CITY-ST-ZIP		·····	2. 4 CITY-	ST-ZIP	
TITLE	DELETE 3.1 TI		3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET		`
CITY-ST-ZIP		T DEVETE	3.4. CITY - S	ST-ZIP	AL
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-S	I - ZIP	Change Addition
		F") ACTEL			Change C Aboullott
NAME expect approprie			5.2 NAME	ADDoces	
STREET ADDRESS			5.3 STREET		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S	T-ZIP	Change Addition
		C) precie	6.1 TITLE		Change (Aguitor
NAME CTOCCT ADDOCCC			6.2 NAME	IDbered	
STREET ADDRESS			6.3 STREET		
CITY-ST-ZIP	artify that the information supplied with the	nis filing does not qualify for	6.4 CITY-S		ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated o	on this annual report or supplemental an	mual report is true and accu	rate and the	at my sig	gnature 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 hame appears in Block 12 or Block 13 if changed, or on an attachment with an address.					