

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000043706 (7)

1. Corporation Name

DOLPHIN MORTGAGE OF NAPLES, INC.



Principal Place of Business 3619 TAMiami TRAIL N. NAPLES FL 33940	Mailing Address 3619 TAMiami TRAIL N. NAPLES FL 34103-3706
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1995		3a. Date of Last Report 05/01/1996	
21. <i>Naples Florida</i>	26. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	28. City & State	4. FEI Number 65-0587900	Applied For Not Applicable		
22. City & State	23. Zip	24. Country	25. Zip	26. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
29. Name and Address of Current Registered Agent BARRETT, JOSEPH T JR. 1567 CHESAPEAKE AVENUE NAPLES FL 33962				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. Zip Code			
85. State				86. City			
87. State				88. City			
89. State				90. City			
91. State				92. City			
93. State				94. City			
95. State				96. City			
97. State				98. City			
99. State				100. City			

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 re-registering)	
DATE	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, JOSEPH T., JR.	1.2 NAME	
STREET ADDRESS	1567 CHESAPEAKE AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 33962	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 as an attachment with an address.

SIGNATURE

CR2E034 (9/96)