

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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000045425 (2)**

1. Corporation Name
DOLPHIN 1995, INC.



Principal Place of Business 2033 MAIN STREET SUITE 400 SARASOTA FL 34237	Mailing Address 2033 MAIN STREET SUITE 400 SARASOTA FL 34237-6049
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1995	3a. Date of Last Report 04/19/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0591434	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HANKIN, LAWRENCE M 2033 MAIN STREET SUITE 400 SARASOTA FL 34237		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHELET, ALAIN	1.2 NAME	
STREET ADDRESS	19 QUAI DE LA POTERNE	1.3 STREET ADDRESS	
CITY-ST-ZIP	02400 CHATEU THIERRY FR	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHELET, THERESE	2.2 NAME	
STREET ADDRESS	19 QUAI DE LA POTERNE	2.3 STREET ADDRESS	
CITY-ST-ZIP	02400 CHATEU THIERRY FR	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILLAUD, MARIE-ANNETTE	3.2 NAME	
STREET ADDRESS	LA MARAOLIERE	3.3 STREET ADDRESS	
CITY-ST-ZIP	02400 GLAND FR	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCHARD, SYLVIA BACHELE T	4.2 NAME	
STREET ADDRESS	15TH AVE JOUSSAUME	4.3 STREET ADDRESS	
CITY-ST-ZIP	02400 CHATEU THIERRY FR	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHELET, PIERRE MARY	5.2 NAME	
STREET ADDRESS	LES COM BIERES - AULNOIS	5.3 STREET ADDRESS	
CITY-ST-ZIP	02400 CHATEU THIERRY FR	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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)(i), 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: Alain Bachelet 03.27.97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)