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FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90108 003 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000045425

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1995

4. FEI Number

65-0591434

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ 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

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

TITLE P ☐ DELETE

NAME BACHELET, ALAIN  
STREET ADDRESS 19 QUAI DE LA POTERNE  
CITY-ST-ZIP 02400 CHATEU THIERRY FR

TITLE D ☐ DELETE

NAME BACHELET, THERESE  
STREET ADDRESS 19 QUAI DE LA POTERNE  
CITY-ST-ZIP 02400 CHATEU THIERRY FR

TITLE D ☐ DELETE

NAME PILLAUD, MARIE-ANNETTE  
STREET ADDRESS LA MARAOLIERE  
CITY-ST-ZIP 02400 GLAND FR

TITLE D ☐ DELETE

NAME ESCHARD, SYLVIA BACHELE  
STREET ADDRESS 15TH AVE JOUSSAUME  
CITY-ST-ZIP 02400 CHATEU THIERRY FR

TITLE D ☐ DELETE

NAME BACHELET, PIERRE MARY  
STREET ADDRESS LES COM BIERES - AULNOIS  
CITY-ST-ZIP 02400 CHATEU THIERRY FR

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/26/99

Date

Daytime Phone #

CR2E034 (1/198)

0475648