

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AMENDED

KRB
6-9

DOCUMENT # P95000067707 (6)
1. Corporation Name

FLORIDA DOLPHIN HOLIDAYS, INC.

Certificate of Status showing
New officers

Principal Place of Business

Mailing Address

**1318 Lafayette St.
Cape Coral, FL 33904**

**1318 Lafayette St.
Cape Coral, FL 33904**

3. Date Incorporated or Qualified	8/30/95	4. Date of Last Report	3/6/96
4. FEI Number	65-0604093	Applied For	Not Applicable
5. Certificate of Status Desired		Additional Fee Required	\$8.75
6. Election Campaign Financing Trust Fund Contribution		May Be Added to Fees	\$5.00
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Hill, Thomas W.
1318 Lafayette St.
Cape Coral, FL**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	ST
NAME	Romanowicz, Leo A	12 NAME	Romanowicz, Leo A
STREET ADDRESS	1318 Lafayette St.	13 STREET ADDRESS	5608 SW 9th Avenue
CITY-ST-ZIP	Cape Coral, FL	14 CITY-ST-ZIP	CapeCoral, FL 33914
TITLE	TS	21 TITLE	
NAME	Hill, Thomas W.	22 NAME	
STREET ADDRESS	1318 Lafayette St.	23 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	P
NAME		32 NAME	Romanowicz, Sigrid
STREET ADDRESS		33 STREET ADDRESS	5608 SW 9th Avenue
CITY-ST-ZIP		34 CITY-ST-ZIP	Cape Coral, FL 33914
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Sigrid Romanowicz*

6/5/97

941-
549-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)