

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

FILED

Feb 18 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 # P95000078883 (2)

1. Corporation Name

DOLPHIN TECHNOLOGIES, INC.

Principal Place of Business

5238 MEDINA ROAD
PENSACOLA FL 32507

Mailing Address

5238 MEDINA ROAD
PENSACOLA FL 32507-8949



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/11/1995		3a. Date of Last Report 03/13/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3342005		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. 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				10. Name and Address of New Registered Agent			
MCGRAW, ARTICE L 817 N. PALAFOX ST. PENSACOLA FL 32501				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV MORIN, LEE	1.1 TITLE	DV MORIN, LEE
NAME	7240 FLOOD REEF	1.2 NAME	10 MARY'S CREEK
STREET ADDRESS	PENSACOLA FL 32507	1.3 STREET ADDRESS	FRIENDSWOOD, TX 77546
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	DP DRYER, JOE	2.1 TITLE	
NAME	10307 SUGAR HILL	2.2 NAME	
STREET ADDRESS	HOUSTON TX 77042	2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	D MAGGIORE, FRANK	3.1 TITLE	
NAME	600 WEST TOWN ROAD	3.2 NAME	
STREET ADDRESS	WEST CHESTER PA 19382	3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	DST CARNEY, KEVIN	4.1 TITLE	
NAME	5238 MEDINA RD.	4.2 NAME	
STREET ADDRESS	PENSACOLA FL 32507	4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE	D HEBERT, RON	5.1 TITLE	
NAME	751 SWALLOW	5.2 NAME	
STREET ADDRESS	COPPELL TX 83	5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE	D SHARANOV, SERGEI	6.1 TITLE	
NAME	550 GREEN MEADOWS LANE	6.2 NAME	
STREET ADDRESS	GENEVA IL	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:

2-11-97

904-497-4262

CR2E034 (9/96)