SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT #   P95000090349 (8)
1. Corporation Name

DOLPHIN BOATS, INC.

Principal Place of Business

24600 U.S. #1
HOMESTEAD FL 33032

Mailing Address

24600 U.S. #1
HOMESTEAD FL 33032

3. Date Incorporated or Qualified **11/27/1995**	**3a.** Date of Last Report	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 24601 PAKING HOUSE RD	26 24601 PAKING HOUSE RD	65-0653402	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State Princeton, FL	28 City & State Princeton, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 Zip 33032 25 Country USA	29 Zip 33032 30 Country USA	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

FULLERTON, PETER V ESQUIRE
2511 PONCE DE LEON BOULEVARD
SUITE 314
CORAL GABLES FL 33134

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)

7-1-96
DATE

12. OFFICERS AND DIRECTORS	DELETE	**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Change	Addition
TITLE PRESIDENT	☐	1 1 TITLE	☐	☐
NAME MICHAEL R. COURTNEY		1 2 NAME		
STREET ADDRESS 6445 SW 52 ST.		1 3 STREET ADDRESS		
CITY-ST-ZIP Miami, FL 33155		1 4 CITY-ST-ZIP		
TITLE	☐ DELETE	2 1 TITLE	☐ Change	☐ Addition
NAME		2 2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3 1 TITLE	☐ Change	☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3 4 CITY-ST-ZIP		
TITLE	☐ DELETE	4 1 TITLE	☐ Change	☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP		4 4 CITY-ST-ZIP		
TITLE	☐ DELETE	5 1 TITLE	☐ Change	☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP		
TITLE	☐ DELETE	6 1 TITLE	☐ Change	☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		6 4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-96   305 257-2628
Date   Daytime Phone #