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

CORPORATION ANNUAL REPORT 1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9600000073 (2)

BLUE DOLPHIN ENTERPRISES, INC.

Principal Place of Business

12909 GULF BLVD E. #203

Mailing Address

12909 GULF BLVD E. #203

FILED Jun 05 1997 8:00am Secretary of State



MADEIRA BEACH FL 33708					MADEIRA BEACH FL 33708-2670					-									
										-	'. I				Date of Last Report 1/07/1996				
2. Principal Place of Business					2a. Mailing Address						4. FEI Nu				<u></u>	Ť	App	lied For	
21				20	26						59-3349729						Not Applicable		
Sulte, Apt. #, etc.				2	Suite, Apt. #, etc.						I h Cartificate of Status Desired I I 7 - 1					75 A	dditional quired		
City & State				20	City & State							on Campaig Fund Contr	-	ing	\$5.00 May Be Added to Fees				
Zip	Zip (Country				Zip Cour			untry	,		8. This corporation has liability for intengible tax under s. 199.032,						199.032,		
24	<u> </u>	25		29			30	Ţ		I.		Statutes			Yes [
			Address of Curre	ent He	gistered Agen	<u> </u>		B1	Name		iu. Name	and Addr	ess of N	ew Heg	istered	Agent		····	
	FITHS, MA		AY						Ivallie										
15803 GULF BLVD REDINGTON BEACH FL 33708					82 Street			Street	Address (P.O. Box Number is Not Acceptable)										
KEU	INGTUN BI	EAUN	FL 33/06					В3	-										
								L											
								84	City						FL	85	Zip C	ode	
11. Pursuant office or r agent. I a	to the provis egistered ag m familiar w	sions c gent, c ith, an	of Sections 607.05 or both, in the Sta ad accept the obli	502 and le of Fk igations	d 607.1508, Flo orida. Such ch s of, Section 60	orida Statut ange was 07.0505, Fl	tes, the a authorize orida Sta	above ed by atute:	e-named y the corp s.	l corpora poration	ition subm 's board o	its this stat f directors.	ement fo I hereby	r the po accep	urpose o t the app	f chang pointme	ing its nt as r	registered egistered	
SIGNATURE						·	7. 7. 150.00								DA16				
12.	Signature, typed	1 ov print	od name of registered a OFFICERS A			(NOI	13		ent signature	e required w	hen reinstatin	9) ONS/CHAN	IGES TO	OFFIC		D DIREC	CTORS	S IN 12	
TITLE	Р		OFFICERION	140 011		DELETE		IIILE		T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0710,07111		0,1.0		☐ Cha		Addition	
NAME	GRIFFITH	IS, M	ARY KAY				1.21	MAME											
STREET ADDRESS	15803 GI						1.3	STREET	ADDRESS										
CITY-ST-ZIP	REDINGT	ON B	EACH FL 3370	8			1.40	CITY-S	ST-ZIP										
TITLE	V					DELETE	2.1	TITLE								☐ Chá	inge	☐ Addition	
NAME	GRIFFITH						2.21	NAME											
STREET ADDRESS	15803 GI						2.3	STREET	ADDRESS										
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NAME Street Address								NAME	ADDRESS										
CITY-ST-ZIP									ST-ZIP										
TITLE						DELETE		TITLE	31-ER	1						Cha	ange	Addition	
NAME							4.2	NAME		İ									
STREET ADDRESS							4.3	STREET	ADDRESS										
CITY-ST-ZIP							4.4	CITY-S	31- ZIP										
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CITY-ST-ZIP	L						6.4	CITY - 5	st-ZIP	J									

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 eath; 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 chapter, or on an attachment with an address.