Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90115 011 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600000073

1. Corporation Name

STREET ADDRE 3S

CITY-ST-ZIP

BLUE DOLPHIN ENTERPRISES, INC.

, Principal Place	e of Business	Mailing Address				
12975 VILLAGE	BLVD	15803 GULF BLVD				
MADEIRA BEAC	CH FL 33708	REDINGTON BEACH FL 33708				
US		U\$			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 12/22/1995
2 Principa P	lace of Business	2a. Mailing Address				4. FEI Ni mber Apr lied For
	idee of business					59-3349729 Not Applicable
Suite, Act.	#	Suite, Apt. #, etc.				\$8.75 Additional
22 Suite, ASt.	#, etc.	27				5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing S5.00 May Be
·	_	28				Trust Fund Contribution Added to Fees
Zip				ntry		8. This corporation owes the current year managine
├ ┈ ┑ `			_			Persor al Property Tax.
24	25		30			10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent		81	Name	
GDIE	FITHS, MARY KAY			01	Name	
	3 GULF BLVD	•		82	Street /	t At dress (P.O. Box Number is Not Acceptable)
REDI	INGTON BEACH FL 33708			83		
				84	City	85 Zip Code
						FL
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 egent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
(agent)	m fapilitar with, and accept the obligat	ons of, Section 607.0505, Flori	da Stati	ıleş.		
SIGNATURE	MALICALO VIX	1 Sich		1		udent 4-20-99
SIGNATOR D	Signature typed or printed na netof registered agent	and title applicable. (NOT E:)	Registered	Agen	it signature re	required when reinstating) DATE
12.	OFFICERS ANI	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1,1 [1]	LE		☐ Change ☐ Addition ☐
NAME	GRIFFITHS, MARY KAY		1.2 NA	ME		
STREET ADDRESS	15803 GULF BLVD		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	REDINGTON BEACH FL 33708		1.4 CITY-ST		ŀ	
TITLE	V	☐ DELETE	2.1 TITLE		-211	☐ Change ☐ Addition
1	GRIFFITHS, ALFRED	_ 5222.2				•
NAME	-		2 2 NA			
STREET ADDRESS	15803 GULF BLVD		2.3 ST	REET	ADDRESS	
CITY-ST-ZIP	REDINGTON BEACH FL 33708		2.4 CITY-ST-ZIP		T-ZIP	
TITLE		☐ DELETE	3.1 TIT	LE		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET	ADDRESS	8
CITY-ST-ZIP			3.4. CI	TY-S	T-ZIP	
TITLE		☐ DELETE	4.1 TIT	LE		☐ Change ☐ Addition
NAME			4, 2 N	ME		
STREET ADDRE 3S			4.3 STREET ADDRESS		ADDRESS	
			1			
CITY-ST-ZIP		☐ DELETE	5.1 TIT		-2114	Change F Addition
TITLE			5.1 III			Ground 1 Manual 1
NAME					ADDDESS	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			5.4 CF		-ZIP	
TITLE		☐ DELETE	6.1 TIT			☐ Change ☐ Addition
NAME			62 NA	ME		
STREET ADDRESS	1		6.3 ST	REET	ADDRESS	s

14. I hereby certify that the information supplied with this filing does not qualify fir 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 recuired 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.

6.4 CITY-ST-ZIP

SIGNATURE