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PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000023454 (7)

DOLPHIN WINDOW TINTING, INC.

Principal Place of Business

Mailing Address

FILED Mar 06 1998 8:00am Secretary of State



116 NORTH DIXIE HIGHWAY 116 NORTH DIXIE HIGHWAY LANTANA FL 33462 LANTANA FL 33462 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/11/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 65-0646805 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Ζıp Country 8. This corporation owes or has paid the current year Inta/gible 200 Country 24 25 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name POJE, ROBERT 116 NORTH DIXJE HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) LANTANA FL 33462 В3 84 City Zip Code **B**5 11. Pursuant to the provisions of Sections 607.05.02 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. (NOTE: Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition POJE, ROBERT NAME 1.2 NAME 116 NORTH DIXIE HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS LANTANA FL 33462 CHY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-SI-ZIP 2 4 City-St-ZiP DELETE TITLE 3 5 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 DELETE TITLE 5 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 61 TITLE ☐ Change Addition NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-S1-ZIP 6 4 CITY-ST-ZIP

14. Thereby cortify that the information supplied with this filling 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 as 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 13 if change do not not attact ment with an address.

SIGNATURE

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Polart & Pai

12/5x (5W) 522.051