FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P96000034047 (6)

1. Corporation Name
DOLPHIN WORKS CORP.

Principal Place of Business	Mailing Address
6812 HANGING MOSS RD ORLANDO FL 32807	6812 HANGING MOSS RD ORLANDO FL 32807-5327

3. Date Incorporated or Qualified: 04/15/1996
3a. Date of Last Report:

2. Principal Place of Business
21 6812 HANGING MOSS RD.
22 Suite, Apt. #, etc.
23 City & State: ORLANDO FL.
24 Zip: 32807 25 Country: USA

2a. Mailing Address
26 6812 HANGING MOSS RD.
27 Suite, Apt. #, etc.
28 City & State: ORLANDO FL.
29 Zip: 32807 30 Country:

4. FEI Number: 59-3380676 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

KALAF, MICHAEL K JR
2624 WESTMINISTER TR
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name: MICHAEL K. KALAF JR.
82 Street Address (P.O. Box Number is Not Acceptable): 2624 WEST MINISTER TR.
83
84 City: OVIEDO FL 85 Zip Code: 32765

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: MICHAEL K. KALAF JR. Michael K. Kalaf Jr. 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MICHAEL K. KALAF JR.		1.2 NAME	
STREET ADDRESS	2624 WESTMINISTER TR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL. 32765		1.4 CITY-ST-ZIP	
TITLE	V.P.	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHN YOUNKIN		2.2 NAME	
STREET ADDRESS	360 BENTLEY ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FL 32765		2.4 CITY-ST-ZIP	
TITLE	SECRETARY	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MURRAY L. YOUNG		3.2 NAME	
STREET ADDRESS	~~WINTER SPRINGS, FL.~~ 1040 FOREST CIR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS, FL. 32708		3.4 CITY-ST-ZIP	
TITLE	TREASURER	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHN S. YOUNKIN		4.2 NAME	
STREET ADDRESS	360 BENTLEY ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL. 32765		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 (9/96)

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: Michael K. Kalaf JR. PRESIDENT 4/29/97 407-366-8086