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**PROFIT CORPORATION ANNUAL REPORT** 

1997



## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072047 (9)

DOLPHIN POOLS, INC.

## **FILED** May 08 1997 8:00am Secretary of State



Principal Place of Business			Mailing Address							• • • • • • • • • • • • • • • • • • • •	•••••	
5848 SOUTHEAST AVALON DRIVE STUART FL 34997			5648 SOUTHEAST AVALON DRIVE STUART FL 34997-8507									
							3. Date Incorporated or Qualified 08/29/1996	3a. Dai	e of L	ast Rej	oorl	
2. Principal Place of Businoss 21  Suite, Apt. #, etc. 22  City & State 23  Zip Country 25  9. Name and Address of Curre  AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134  11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE Signature, typed or printed name of registered agent.  12. OFFICERS AN  TILLE NAME  TUCKER, CHARLES A		2a	Mailing Address				4. FEI Number			App	lied For	
21		26	· · · · · · · · · · · · · · · · · · ·			65-06895:						
22			Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Regulred					
23		28	City & State			•	Election Campaign Financing     Trust Fund Contribution	, o				
Zip		29	Zip	Count 30	ry		This corporation has liability for intangible tax under s. 199.032,     Florida Statutes					
9, Name and Address of Current			stered Agent				10. Name and Address of New R					
				8	1	Name			-			
				8	2	Street Addr	ress (P.O. Box Number is Not Accepta	ible)				
				8	3				~~			
				8	4	City		FL	85	Zip Co	ode	
11. Pursuant	to the provisions of Sections 607.05	02 and 6	07.1508, Florida Statul	tes, the abo	_L	-named corp	poration submits this statement for the		chang	ina its	reaistered	
office or r agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Flori gations c	ida. Such change was af, Section 607.0505, Fl	authorized I Iorida Statuti	by es.	the corporat	tion's board of directors. Thereby acce	pt the appo	intmei	nt as re	gistered	
	,											
	<del></del>				ger	n: signature requir	red when reinstating)	DATE				
		ND DIRE		13.			ADDITIONS/CHANGES TO OFFI	CERS AND				
									Cha	inge	Addition	
EASO CONTURACT AVAION DON			1.2 N/									
PTILADT EL 24007			1.9 01			ADDRESS						
CITY-ST-ZIP TITLE	VSD		DELETE	1.4 CITY - 2.1 TIBLE		- ZIP'			Cha	nne	Addition	
NAME	TUCKER, MELISSA G							,		ingo	Add/ddit	
STREET ADDRESS	5648 SOUTHEAST AVALON D	RIVE		2.2 NAMI 2.3 STRE		ADDRESS						
CITY-ST-ZIP STUART FL 34997						7-7IP		•				
TITLE			DETETE	3 1 TITLE		1-611		2.54	Cha	nge	Addition	
NAME					E					•		
STREET ADDRESS				3.3 STRE	FT /	ADDRESS						
CITY-ST-ZIP	CITY-ST-2IP				′- S1	1- <b>7</b> (P						
TITLE	-		☐ DELETE	4.1 TITLE					Cha	nge	Addition	
NAME				4 P NAM	1F	:						
STREET ADDRESS				4.3 STRE	Ħ	ADDRESS						
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NAME				5.2 NAME								
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TITLE			T DETEIE	61 TITLE					Cha	េមេ	Addition	
NAME -				62 NAME		*0000000						
STREET ADDRESS						ADDRESS						
City-St-ZiP	by cartify that the information supplies	ed with t	bis filma done not quali	64 CITY			in Section 119 07/3)(i) Florida Statut	os Hurther	corlily	that th		

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.

Wellish 19 Durker V.P.

Assil 19.1997 501-286-8811