PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600072047

1. Corporation Name

DOLPHIN POOLS, INC.

Principal Place of Business

5010 SE PINE RIDGE WAY STUART FL 34997

Mailing Address

5010 SE PINE RIDGE WAY STUART FL 34997

May 07, 1999 8:00 am Secretary of State

05-07-1999 90156 048 ***150.00



US	US		DO NOT WRITE IN THIS SET	ACE.
			3. Date Incorporated or Qualifed	
0 00 1 1 -	0.40		08/29/1996	
5. Principal P	Place of Business SE Celeshial Cir. 26 P. O. Bo	x 10025	4. FEI Number 65-0689528	Applied For Not Applicable
Suite, Apt.		N. COOD	•	8.75 Additional
22	27		5. Certifcate of Status Desired	Fee Required
City & Stat	le City & State	· · · · ·	6. Election Campaign Financing	\$5.00 May Be
23 SHV	uart, FL 28 Stuart,	t L	Trust Fund Contribution	Added to Fees
Zip	Country Zip	Country	8. This corporation owes the current year Intangi	ble 🕠
4 34°	197 25 USA 29 34997 3	0 USA _	Personal Property Tax.	Yes ZiNo
	Name and Address of Current Registered Agent		10. Name and Address of New Registered Age	nt L
	THE ALLEGED OLD PERCEN	81 Name		
,	RILAWYER CHARTERED	82 Street	Address (P.O. Box Number is Not Acceptable)	
343 ALMERIA AVENUE			Todaless (F.O. Box Hallion is Hot Floorpasse)	
COR	RAL GABLES FL 33134	83		
		24 00	······································	E 7:- Cod-
		84 City	FL ^{†8}	5 Zip Code
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes egistered agent, or both, in the State of Florida. Such change was aut im familiar with, and accept the obligations of, Section 607.0505, Florid	horized by the corpo	pration's board of directors. I hereby accept the appointment	ent as registered
SIGNATURE				
42	Signature, typed or printed name of registered agent and title if applicable. (NOTE R OFFICERS AND DIRECTORS	Registered Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND D	IDECTORS IN 42
TITLE	PTD DELETE	1.1 TITLE		Change Addition
	TUCKER, CHARLES A			ondinge
NAME	5648 SOUTHEAST AVALON DRIVE	1.2 NAME		
STREET ADDRESS	STUART FL 34997	1.3 STREET ADDRESS		
CITY-ST-ZIP	VSD DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE	_	I		Change D Addition
NAME	TUCKER, MELISSA G	2.2 NAME		
STREET ADDRESS	5648 SOUTHEAST AVALON DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP		Change Addition
TITLE	C prifete	3.1 TITLE		Change
NAME)		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		Change Addition
TITLE	☐ DELETE	4.1 TITLE	Ü	Change
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4 4 CITY-ST-ZIP		
IITLE	☐ DELETE	5.1 TITLE	П	Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CfTY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change
NAME		62 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP