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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90175 024 \*\*\*165.00

## DOCUMENT # P96000074949

DOLPHIN	I DESIGN ENTERPRISES	INC.						
Principal Place	of Business	Mailing Address		<del></del>	1 105:104: 110 10:10 01:11 53:11 01	nn <b>55</b> 111 <b>55</b> 111 <b>168</b>	111 <b>21242 121</b> 11	91818 1911 18E
113 CALLE DE SANTIAGO P O BOX 134 PENSACOLA FL 32501 PENSACOLA FL 32591					DO NOT WR	ITE IN THIS S	PACE	
					3. Date Incorporated or Qualifed			
					09/06/1996			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		A	oplied For
21		26			59-3399969		N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional equired
22		City & State			& Floation Compaign Financing			May Be
City & State	e	28 28 28 28 28 28 28 28 28 28 28 28 28 2			6. Election Campaign Financing Trust Fund Contribution	<u>-</u>		to Fees
Zip	Country	Zip	Country		8. This corporation owes the cur			
24	25	29	30		Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curi	rent Registered Agent			10. Name and Address of New	Registered A	gent	<del></del>
-			81	Name				
	NO, VINCENT M		82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
	CALLE DE SANTIAGO							
PENS	SACOLA FL 32591		83					
	4		84	City	<del></del>		85 Zip	Code
			12.1	٠.٠,		FL	\ \	
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office or re agent. I as SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered OFFICERS	ate of Florida. Such change was at igations of, Section 607.0505, Flor agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agen	ine corporatio	oration submits this statement for the on's board of directors. I hereby acced when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECT	ORS IN 12
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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.

SIGNATURE:

CITY-ST-ZIP