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Apr 24 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 # P96000084950 (0)

1. Corporation Name

DOLPHIN TRAVEL & TOURS, INC.



Principal Place of Business

145 NORTH SHORE DRIVE
NO. 6
MIAMI BEACH FL 33141

Mailing Address

145 NORTH SHORE DRIVE
NO. 6
MIAMI BEACH FL 33141-3923

3. Date Incorporated or Qualified

10/11/1996

3a. Date of Last Report

2. Principal Place of Business

21 877 Galsworthy Ave
Suite Apt. #, etc.

2a. Mailing Address

26 877 Galsworthy Ave
Suite Apt. #, etc.

4. FEI Number

59-3408175

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 ORLANDO, FLA

City & State

28 ORLANDO, FLA

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 32809

Country

25 USA

Zip

29 32809

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

GONZALEZ, MARIA E
145 NORTH SHORE DRIVE
NO. 6
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name

CONNIE CONBOY

82 Street Address (P.O. Box Number is Not Acceptable)

877 Galsworthy Avenue

83

84 City

ORLANDO

FL

85 Zip Code

32809

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

Signature, typed or printed name of registered agent and line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	GONZALEZ, MARIA E	145 N SHORE DR. NO. 6	MIAMI BEACH FL 33141	<input type="checkbox"/>
D	CONBOY, CONNIE	145 N SHORE DR. NO. 6	MIAMI BEACH FL 33141	<input type="checkbox"/>
D	GONZALEZ, MYRIAM	145 N SHORE DR. NO. 6	MIAMI BEACH FL 33141	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D/P	GONZALEZ, MARIA ELVIA	877 Galsworthy Avenue	ORLANDO, FL 32809	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/S/M	CONNIE CONBOY	877 Galsworthy Avenue	ORLANDO, FL 32809	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/V/T	GONZALEZ, MYRIAM E	877 Galsworthy Avenue	ORLANDO, FL 32809	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Connie Conboy REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97 407-816-8216

Date

Daytime Phone #

0104560

CR2E034 (9/96)