## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CITY-ST-ZIP

DOLPHIN VENTURES, INC.

## **FILED** Jun 04 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION\* Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 POCUMENT # P96000093990 (5)

Principal Plac	e of Business	Mailing Address		T I CECUPAL UNO HAND BININ ERUN DENN DI	ISHA BUMAN KUKUN KAKU NAKIN HOKIN <del>10</del> 66 KUNA
181 WATERMAN AVE 131 WATERMAN AVE MOUNT DORA FL 82757 MOUNT DORA FL 32757-854		<b>1541</b>			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				11/13/1996	
2. Principal P	lace of Business  Surafwafe, WitCin	2a. Mailing Address	us fred ac		Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 APOP	ka, FL	28 Apopla	<b>ド</b> レ	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip クス	7/2 25 USA	29 327/2	Country SA		☐ Yes 🔀 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
EVA	ns, maggie b		81 Name	Dale Lind	
131 WATERMAN AVE			82 Street Ac	dress (P.O. Box Number is Not Accepta	ble)
MOL	INT DORA FL 32757		169	4 Swestwater	West Circle
in.			83		1
			84 City <b>Z</b>	toods.	85 Zip Code
11 Directions	to the provisions of Sections 607 8602	and 607 1508 Florida Statut	es the above named or	porable submits this statement for the	FL 327/2
office or r	egistered agent, or both, in the State	f Florida Such change was	authorized by the corpo	orboration submits this statement for the ration's board of directors. I hereby accoration's	ept the appointment as registered
	re ramiliar with the accept the colligat		11		4/17/05
SIGNATURE	Shaller, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature re	quired when reinstating)	BATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	D ·	DELETE	1.1 TITLE	Sharmy-	Change Addition
NAME	EVANS, MAGGIE B		1.2 NAME	Ann Osborns	- D-
STREET ADDRESS	131 WATERMAN AVE		13 STREET ADDRESS	19045 Lake Swatar	
CITY-ST-ZIP	MOUNT DORA FL 32757	D DECESE.	1.4 CITY - ST - ZIP	Fust 15, 1-6 135	736
TITLE		☐ DELETE	21 TITLE	Vice Chairman	☐ Change ☐ Addition
NAME			2.2 NAME	Vala LINA	West Circle
STREET ADDRESS	_		2.3 STREET ADDRESS	1674 SUBERIUS	31717
CITY-ST-ZIP TITLE		DELETE	2 4 City-\$1-7IP 3.1 TITLE	ryopia, 10	Change Addition
NAME-		□ beten	3.2 NAME	ŕ	Change E Aughton
STREET ADORESS			3.3 STREET ADDRESS		ĺ
			3.4. CITY-ST-ZIP		,
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE		Change Addition
NAME		<b>—</b>	4. 2 NAME		2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STREET ADDRESS			4.3 STREET ADDRESS		į
CITY-ST-ZIP			4.4 CITY-ST-ZIP		ĺ
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		İ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZTP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME .			6.2 NAME		
STREET ADDRESS	* ·		6.3 STREET ADDRESS		i

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 receive or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 inchanged, or or an axis ment with an address.

SIGNATURE:

14. 47.47

352-383-23199