


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

026034

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90034 001 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS							
<b>DOCUMENT # P97000024047</b>											
1. Corporation Name <b>DOLPHIN KING CHARTERS, INC.</b>											
Principal Place of Business <b>20801 BISCAYNE BLVD</b> <del>4009</del> <b>AVENTURA FL 33180</b> US			Mailing Address <b>20801 BISCAYNE BLVD</b> <del>4009</del> <b>AVENTURA FL 33180</b> US								
2. Principal Place of Business 21 Suite, Apt. #, etc <b>4th Floor</b> 22 City & State <b>4th Floor</b> 23 Zip <b>33180</b> 24 Country <b>US</b>		2a. Mailing Address 26 Suite, Apt. #, etc <b>4th Floor</b> 27 City & State <b>4th Floor</b> 28 Zip <b>33180</b> 29 Country <b>US</b>		3. Date Incorporated or Qualified <b>03/11/1997</b> 4. FEI Number <b>65-0733023</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
9. Name and Address of Current Registered Agent <b>WALTZER, CRAIG A</b> <b>20801 BISCAYNE BLVD</b> <del>4009</del> <b>AVENTURA FL 33180</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>4th Floor</b> 84 City <b>FL</b> 85 Zip Code								
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME <b>WALTZER, CRAIG A</b> 1.3 STREET ADDRESS <b>20801 BISCAYNE BLVD STE 4009 4th Floor</b> 1.4 CITY-ST-ZIP <b>AVENTURA FL 33180</b> 1.5 TITLE <input type="checkbox"/> DELETE 1.6 NAME <b>DANITS, MELISSA</b> 1.7 STREET ADDRESS <b>2025 NE 198 TERRACE</b> 1.8 CITY-ST-ZIP <b>MIAMI FL 33179</b> 1.9 TITLE <input type="checkbox"/> DELETE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY-ST-ZIP 1.13 TITLE <input type="checkbox"/> DELETE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY-ST-ZIP 1.17 TITLE <input type="checkbox"/> DELETE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY-ST-ZIP						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY-ST-ZIP 2.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY-ST-ZIP 2.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY-ST-ZIP 2.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.18 NAME 2.19 STREET ADDRESS 2.20 CITY-ST-ZIP					

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, without other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Date

305-937-2000

Daytime Phone #

CR2E034 (11/98)