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

PROFIT
CORPORATION
ANNUAL REPORT
1998

2 Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000070638 (6)

DOLPHIN TRAVEL UNLIMITED, INC.

Principal Place of Business	Mailing Address
302 ANGELA STREET	302 ANGELA STREET
KEY WEST FL 33040	KEY WEST FL 33040

2n Mailing Address

FILED Apr 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied Fo

 Date Incorporated or Qualified 08/14/1997

21	ALCO OF DELIMINOS	26		65-0774639	Not Applicable		
Suite, Apt	#. etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional		
22		27		or continuate of chalce people	Fee Required		
City & Stat	to	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	urrent year Intangible		
24	25	29 3	0	Personal Property Tax due June 30.	Yes No		
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent		
	Beyer, Robert S		81 Name				
302 ANGELA STREET				dress (P.O. Box Number is Not Acceptable)			
KEY WEST FL 33040							
83							
			84 City		85 Zip Code		
<u></u>				<u> </u>			
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 a	am familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statutes.	ration's pourd or directors. Thereby accept the ap	Spoil in fort as registored		
SIGNATURE							
·	Signature typed or printed name of registered ages		Registered Agent signature rec				
12.	OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change X Addition		
		C percut	1.1 TITLE	•			
NAME	BEYER, ROBERT S		1.2 NAME	MICLER, JOY HAYA	 		
STREET ADDRESS	302 ANGELA STREET KEY WEST FL 33040		1.3 STREET ADDRESS	MILLER, JOY HAND OR. 686 WHO WOOD OR. LAKE POKEST, IL 61	1900		
TITLE	NET WEST PL 33040	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	LAKE PORESIJEE OF	Change Addition		
NAME	RODNON, SUSAN	Botten	1		C Citalige C Addition		
STREET ADDRESS	701 ELIZABETH STREET		2.2 NAME 2.3 STREET ADDRESS				
CITY-ST-ZIP	KEY WEST FL 33040		2.4 City-ST-Zip				
TITLE	TIET WEST TE SOUTS	DELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME			32 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP)		3.4. CITY - ST - ZIP				
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME	1		4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELFTE	5 f TITLE		Change Addition		
NAME	ĺ		52 NAME		Í		
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - ST - ZIP				
officer or	certify that the information supplied will on this annual report or supplemental director of the corporation or the rece or Block 13 if changed, or on an attact	iver or trustee empowered to exe	the exemption stated ate and that my signa acute this report as re	in Section 119.07(3)(i), Florida Statutes. I further ture shall have the same legal effect as if made u equired by Chapter 607, Florida Statutes; and tha	certify that the information under oath; that I am an it my name appears in		