

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 JUL 17 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000026810

1. Corporation Name
TREAT BOUTIQUE DOLPHIN, INC.

900



99-00

Principal Place of Business
8000 W BROWARD BLVD. SUITE 810
PLANTATION FL 33388

Mailing Address
8000 W BROWARD BLVD. SUITE 810
PLANTATION FL 33388

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/18/1998

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENTIN, RICHARD C
8411 W OAKLAND PARK BLVD
SUNRISE FL

81 Name

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

83

84 City

FL 85 Zip Code

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.

Richard Entin
Signature, typed or printed name of registered agent and title if applicable.

7-10-00
DATE

(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	1.2 NAME		
<input type="checkbox"/> DELETE	1.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	2.1 TITLE		
<input type="checkbox"/> DELETE	2.2 NAME		
<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		
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<input type="checkbox"/> DELETE	3.1 TITLE		
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****900.00 ****900.00

REINSTATEMENT

25
JUL 17 2000
MILLIGAN

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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-00 954
336-8701
Date Daytime Phone #

CR2E034 (5/99)

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