

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90101 014 ***150.00

DOCUMENT # P98000033147

1. Corporation Name
THE DELFIN PROJECT, INC.

Principal Place of Business
21368 PLACIDA TERRACE
BOCA RATON FL 33433

Mailing Address
21368 PLACIDA TERRACE
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1998

4. FEI Number

05-0834216

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7300 W. CAMINO REAL

2a. Mailing Address

26 7300 W. CAMINO REAL

Suite, Apt. #, etc.

22 SUITE 219

Suite, Apt. #, etc.

27 SUITE 219

City & State

23 BOCA RATON, FL

City & State

28 BOCA RATON, FL

Zip

24 33433

Country

25 USA

Zip

29 33433

Country

30 USA

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
500 EAST BROWARD BLVD.
SUITE 1400
FT. LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

TITLE D ☐ DELETE

NAME SARUBBI, JOSEPH
STREET ADDRESS 3221 SOUTH OCEAN BLVD. #908
CITY-ST-ZIP HIGHLAND BEACH FL 33487

TITLE D ☒ DELETE

NAME ~~CONDON, MICHAEL~~
STREET ADDRESS ~~9062 NW 16TH STREET~~
CITY-ST-ZIP ~~CORAL SPRINGS FL 33071~~

TITLE D ☐ DELETE

NAME MAKAR, MICHAEL
STREET ADDRESS 21368 PLACIDA TERRACE
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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, with all other like empowered.

SIGNATURE:

Signature of Joseph Sarubbi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

561-361-7887

Date

Daytime Phone #

CR2E034 (11/98)