FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # V284 NO DOLPHIN JEWELER	` '		
Principal Place	of Business	Mailing Address		
Principal Place of Business 2065 N BEACH RD		2065 N BEACH RD		
ENGLEWOOD FL 34223		ENGLEWOOD FL 342	23	
				3. Date Incorporated or Qualified 38. Date of Last Report
				04/09/1992 05/30/1995
Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For 65-0349179 Not Applied For
Suite, Apt. #, etc.		Suite, Apl. #, etc.		\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
Orty & State		City & State		6. Election Campaign Financing \$5.00 May Be
700	Country	7 _{IP}	Country	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199,032,
24	25	29	30	Florida Statutes Yes \(\subseteq \text{No}\)
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered Agent
PATRICK	K, CARL E.		81 Name	
	TAMIAMI TR		82 Street Add	dress (P.O. Box Number is Not Acceptable)
	TA FL 34243		63	
			84 City	■ 85 Zip Code
			1.1.	oration submits this statement for the purpose of changing its registered office
S'GNATURE :	Squature typical organitist harve of registeres a OFFICERS PD	Gestand Dice age Labor (N AND DIRECTORS	DIE Rogistered Appril signature require 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	TEEPLE, B.J.		1. 1 THEE 1.2 NAME	Change Addition
STREET ACCURESS	2065 N BEACH RD		1.3 STHEET ADDRESS	
CITY ST-ZIP	ENGLEWOOD FL VTD		1.4 CITY-ST-ZIP	
Title Sees	TEEPLE, KIM.	DELFTE TE	2. 1 THILE 2.2 NAME	Change Addition
5196 (FAB 4655)	2065 N BEACH RD		2.3 STREET ADDRESS	
C15 5 76	ENGLEWOOD FL		2 4 CITY-ST-ZIP	
TI LE	SD Lipstein, David	☐ DEFEIF	3. 1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	2065 N BEACH RD		3.2 NAME 3.3 STREET ADDRESS	
Crty - St - ZiP	ENGLEWOOD FL		3.4 CHTY-ST-ZIF	
Tille!		DELETE	4. 1 TITLE	Change Addition
NAM: STREET ADORESS			4.2 NAME	
CITY ST ZIE			4 3 STREET ADDRESS 4 4 CITY-ST-ZIP	
11116		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAMI			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CIFY-S1-ZIF THUE		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE	☐ Change ☐ Add tion
NAME		<u></u>	6 2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY ST ZIP	and that the later of	and the division of the	6 4 C(1Y - S1 - 2(P	
certify that I oath; that I	the information indicated on this a arman officer or director of the co	ing jal regort or supplemental apr	nual report is true and accura se empowered to execute th	for the exemption stated in Section 119 07(3)[k], Florida Statutes. I further ate and that my signature shall have the same logal effect as if made under is report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: HINNE WAS