

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V32466**

(7)

1. Corporation Name

DOLPHIN DISTRUBUTORS, INC.

Principal Place of Business

Mailing Address

**15901 COUNTRY FARM PL
TAMPA FL 33624
US****15901 COUNTRY FARM PL
TAMPA FL 33624-1538
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/15/1992		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3117050		Applied For Not Applicable	
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALESSANDRI, PETER 3121 ENGLISH RD. #100-B TAMPA FL 33624				81 Name Dennis & Virginia Trujillo			
				82 Street Address (P.O. Box Number is Not Acceptable) 15901 Country Farm Place			
				83			
				84 City Tampa,			
				85 Zip Code FL 33624			
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 <i>Virginia Trujillo</i>				DATE 4/8/97			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	TRUJILLO, VIRGINIA	12 NAME	
STREET ADDRESS	15901 COUNTRY FARM PL	13 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	TRUJILLO, DENNIS	22 NAME	
STREET ADDRESS	15901 COUNTRY FARM PL	23 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	24 CITY - ST - ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do 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 for the purpose of being 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: *Virginia Trujillo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)