FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V61005** **(7)**

1. Corporation Name
TWO DOLPHIN INDUSTRIES, INC.

Principal Place of Business
4701 N. FEDERAL HWY.
LIGHTHOUSE POINT FL 33064

Mailing Address
POST OFFICE BOX 5689
LIGHTHOUSE POINT FL 33074

3. Date Incorporated/Qualified: **08/31/1992**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 / Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 / Country 30

4. FEI Number: **65-0388861** ☐ 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 has liability for intangibles tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~CONTE, JOSEPH~~
~~2409 NE 27TH ST.~~
~~LIGHTHOUSE POINT FL 33064~~

10. Name and Address of New Registered Agent

81 Name: Conte, John
82 Street Address (P.O. Box Number is Not Acceptable): 1071 NE 27th Terrace
83
84 City: Pompano Beach FL 85 Zip Code: 33062

11. Pursuant to the provisions of Section(s) 607.0502 and 607.0505, 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, that position, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 3/29/96
Signature, Typed or Printed Name of Registered Agent and Title of Officer (if applicable) — Date

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ ~~CONTE, JOSEPH~~ ~~2409 NE 27TH ST.~~ ~~LIGHTHOUSE POINT FL 33064~~	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CONTE, JOHN 2409 NE 27TH ST. LIGHTHOUSE POINT FL 33064	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY-ST-ZIP		☐ Change ☐ Addition
2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY-ST-ZIP	P Conte, John 1071 NE 27th Terrace Pompano Beach FL 33062	☒ Change ☐ Addition
3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY-ST-ZIP		☐ Change ☐ Addition
4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY-ST-ZIP	700001764187 -04/01/96--01026--028 ***200.00	☐ Change ☐ Addition
5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY-ST-ZIP		☐ Change ☐ Addition
6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY-ST-ZIP		☐ Change ☐ Addition

3-30-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] 3/21/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)