

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # v65231 (5)
1. Corporation Name

Dolphin World, Inc.

Principal Place of Business Mailing Address
15469 Omai Ct. 15469 Omai Ct.
Ft. Myers, FL 33908 Ft. Myers, FL 33908

3. Date Incorporated or Qualified **09-18-1992** 3a. Date of Last Report **02-01-1995**

2. Principal Place of Business 2a. Mailing Address
21 **3510 Metro Parkway** 26 **3510 Metro Parkway** 4. FEI Number **65-0354225** Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
23 **Ft. Myers, FL** 28 **Ft. Myers, FL** B. This corporation has liability for intangible tax under s. 190.04, Florida Statutes Yes No
24 **33916** 25 **U.S.A.** 29 **33916** 30 **U.S.A.**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
McCabe, James B 81 Name
15469 Omai Ct. 82 Street Address (P.O. Box Number is Not Acceptable)
Ft. Myers, FL 33908 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	NAME	11 TITLE	12 NAME
	P Lohn, Kenneth J 500 Bay Dr. South Bradenton Bch, FL 34217	<input type="checkbox"/> DELETE	13 STREET ADDRESS
	V McCabe, James B 15469 Omai Ct. Ft. Myers, FL 33908	<input type="checkbox"/> DELETE	14 CITY, ST, ZIP
		<input type="checkbox"/> DELETE	21 TITLE
		<input type="checkbox"/> DELETE	22 NAME
		<input type="checkbox"/> DELETE	23 STREET ADDRESS
		<input type="checkbox"/> DELETE	24 CITY, ST, ZIP
		<input type="checkbox"/> DELETE	31 TITLE
		<input type="checkbox"/> DELETE	32 NAME
		<input type="checkbox"/> DELETE	33 STREET ADDRESS
		<input type="checkbox"/> DELETE	34 CITY, ST, ZIP
		<input type="checkbox"/> DELETE	41 TITLE
		<input type="checkbox"/> DELETE	42 NAME
		<input type="checkbox"/> DELETE	43 STREET ADDRESS
		<input type="checkbox"/> DELETE	44 CITY, ST, ZIP
		<input type="checkbox"/> DELETE	51 TITLE
		<input type="checkbox"/> DELETE	52 NAME
		<input type="checkbox"/> DELETE	53 STREET ADDRESS
		<input type="checkbox"/> DELETE	54 CITY, ST, ZIP
		<input type="checkbox"/> DELETE	61 TITLE
		<input type="checkbox"/> DELETE	62 NAME
		<input type="checkbox"/> DELETE	63 STREET ADDRESS
		<input type="checkbox"/> DELETE	64 CITY, ST, ZIP

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JR

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)(k), 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] **James B. McCabe** **(941)**
Vice President 03-25-96 334-7818

CR2E034 (12/95)