

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **S33346** (5)  
 1. Corporation Name  
**DYNAMIC TOURS AND TRANSPORTATION, INC.**



Principal Place of Business Mailing Address  
**DYNAMIC TOURS & TRAN. INC.**  
**7131 GRAND NATL. DR. STE. 107**  
**ORLANDO FL 32819**  
**US**  
**PO BOX 691164**  
**ORLANDO FL 32869-1164**  
**US**

3. Date Incorporated or Qualified **02/21/1991** 3a. Date of Last Report **05/25/1995**  
 4. FEI Number **59-3096397** 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 intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **175 Thorpe Rd.** 26 Suite, Apt #, etc  
 22 Suite, Apt #, etc 27 Suite, Apt #, etc  
 23 **Orlando, FL** 28 City & State  
 24 **32824** 25 **Orange** 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**DAKKAK, ASSAD S.**  
**4864 SPRING RUN AVE.**  
**ORLANDO FL 32819**

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 resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAKKAK, ASSAD S.</b>	1.2 NAME	
STREET ADDRESS	<b>4864 SPRING RUN AVE</b>	1.3 STREET ADDRESS	<b>175 Thorpe Rd.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>	1.4 CITY - ST - ZIP	<b>Orlando, FL 32824</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAKKAK, EDNA S.</b>	2.2 NAME	
STREET ADDRESS	<b>4864 SPRING RUN AVE</b>	2.3 STREET ADDRESS	<b>175 Thorpe Rd.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>	2.4 CITY - ST - ZIP	<b>Orlando, FL 32824</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edna Dakkak Edna Dakkak 6/02/96 407 888-3500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)