

**FILED**  
**Jun 18, 1999 8:00 am**  
**Secretary of State**

06-18-1999 90010 006 \*\*\*158.75  
 07-12-1999 90009 045 \*\*\*391.25

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

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



Principal Place of Business: 175 THORPE RD. ORLANDO FL 32824 US  
 Mailing Address: 175 THORPE RD. ORLANDO FL 32824 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/21/1991**

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 owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent:  
**DAKKAK, ASSAD S  
 6121 ORANGE HILL COURT  
 ORLANDO FL 32819**

10. Name and Address of New Registered Agent:  
 81 Name: **DAKKAK / Edna S**  
 82 Street Address (P.O. Box Number is Not Acceptable): **6121 Orange Hill Ct.**  
 83  
 84 City: **Orlando** FL 85 Zip Code: **32819**

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: *Assad S. Dakkak* (NOTE: Registered Agent signature required when re-registering) DATE: **6/8/99**

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

14. I 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 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, with all other like empowered.

SIGNATURE: *Assad S. Dakkak* DATE: **6/8/99** DAYTIME PHONE: **407-888-3500**

CR2E034 (1/98)