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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000012128**1. Corporation Name

DYNAMIC FUTURES, INC.

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90102 027 ***150.00



Principal Place of Business Mailing Address					# INCINCATION IN INCIDENT AND IN AND IN AND IN AND IN AND INCIDENT AND				
[CMIC			,			
6810 EAST HILLSBOROUGH AVENUE TAMPA FL 33610		TAMPA FL 33610			DO NOT WRITE IN THIS SPACE				
1					3. Date Incorporated or Qualifed			l	
					02/05/1996			l	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	l	
21	1000 07 0001110=	26			59-3354687	N	lot Applicable	l	
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional			l	
22		27 5			5. Certificate of Status Desired	•	Required	l	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be		
23		28			Trust Fund Contribution		to Fees	l	
Zip Country Zip			Country		8. This corporation owes the current year Intan			l	
	25 29 30				Personal Property Tax.				
24 25 29 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered A	gent		l	
1	a. Hanne but Address of Series	1.cogratical cigaria	81	Name					
VIII	ALPANDO, JOSE								
	EAST HILLSBOROUGH AVENUE		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)				
1	IPA FL 33610		83					ĺ	
100	II A I E 500 IU		63						
-			84	City	FL	85 Zip	Code		
44 D	to the previous of Sections 607 0502	and 607/15095Eloride Statutes th	o-abov	e-named co	ornaration submits this statement for the numose of ch	nanging it	s registered		
.l. office or≀	registered agent of both in the State o	t Florida. Such change was author	izea ov	the corpora	ation's board of directors. I hereby accept the appoint	ment as r	egistered	٠.	
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Florida S	Statutes	•			,		
SIGNATURE		Alore D			uired when reinstating) DATE	_	\	۔ ا	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ir ziðirarnia redi	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	Ş	
TITLE	D OFFICERS AND		1.1 TITLE	$\overline{}$	P	Change		7	
	MACHOWSKI, DENNIS W	_	1.2 NAME	-	Bennis W. MAChowski 13680 U.S. HWY9ZE Dover, PL 33527	,-		,	
NAME	ARREST MENT DENTE			FADORESS	13680 U.S. HW49ZE		1	8	
STREET ADDRESS	,				NOUR RI 33527			ן ק	
CITY-ST-ZIP	BRANDON FL 33511	· — · — · — · — · — · — · · · · · · · ·	1.4 CITY-S	1-ZIP	DOVER 190 33301	Change	Addition	5	
TITLE	D		2.1 TITLE						
NAME	OLIVA, DAVID A		2.2 NAME				•	ĺ	
STREET ADDRESS	N .	Į,	2.3 STREE	TADORESS			ļ	{	
CITY-ST-ZIP	TAMPA FL 33610		2. 4 CITY-5	T-ZIP -	<u></u>		Addition		
TITLE		☐ DELETE	3.1 TITLE			Change	Addition		
NAME			3.2 NAME				l		
STREET ADDRESS		.	3.3 STREE	TADDRESS			l		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP					
ITTLE		☐ DELETE	4.1 TITLE			Change	Addition		
NAME			4. 2 NAME				l l		
STREET ADDRESS			4.3 STREE	r address			l l		
CITY-ST-ZIP			4.4 CITY-S						
TITLE			5.1 TITLE			Change	Addition	1	
NAME			5.2 NAME		•			1	
STREET ADDRESS	Į.		5.3 STREE	T ADDRESS					
			5.4 CITY-S						
CITY-ST-ZIP			6.1 TITLE	-+		Change	e Addition	1	
			6.2 NAME			- •	1	ĺ	
NAME	1 1 1 1 1 1			TADDRESS			l l]	
STREET ADDRESS	The Market Commence								
CITY-ST-ZIP -	E TO SERVICE TO A TOPA OF A SERVICE TO A SERVIC	1	6.4 CITY-S	1-46				j	

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: