FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90149 023 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 515921

1. Corporation Name

DYNAMIC CREATIVE ACHIEVEMENT, INC.

Suite, Apt. # 22 City & State	ace of Business #, etc.	Mailing Address 8805 SW 74TH TERR MIAMI FL 33143 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28			DO NOT WRITE 3. Date Incorporated or Qualifed 10/01/1976 4. FEI Number 59-1695214 5. Certificate of Status Desired	Арр	quired May Be
Zip	Country 25	Zip 29 30	Country		This corporation owes the current Personal Property Tax.	year Intangible ☐ Yes	XNo
	9. Name and Address of Curren				10. Name and Address of New Reg	istered Agent	
8605	CIVAL , MAR Y SW 741TH ERR II FL 39143	74th Tecrose	81 82 83 84		ddress (P.O. Box Number is Not Acceptable	FL 85 Zip C	ode
office or re agent. I ar	to the provisions of Sections 607.050; agistered agent, or both, in the State in familiar with, and accept the obligations of the state of the obligation of the state of the obligation of the state of	of Florida. Such change was auth tions of, Section 607.0505, Florida	onzed by a Statutes	tne corpora	orporation submits this statement for the puration's board of directors. I hereby accept the state of the sta	олте	Jistel 60
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE NAME STREET ADDRESS	PST PERCIVAL, LAWRENCE G. 11945 S.W. 127TH COURT	☐ DELETE		T ADDRESS		☐ Change · ·	Addition '
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL C PERCIVAL, MARY 11945 S.W. 127TH COURT	☐ DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	T ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MIAMI FL	☐ DELETE		TADDRESS	······································	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE		T ADDRESS		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T ADDRESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS:		DELETE	6.1 TITLE 6.2 NAME	T ADDRESS		Change	☐ Addition

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 leport of 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 chronation or the receiver or trustee empswered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in officer or director of the d Block 12 or Block 13 if ch

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP