

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. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04132 (9)

1. Corporation Name

DYNAMITE DOKES, INC.

Principal Place of Business

Mailing Address

4300 CORAN LANE
LAS VEGAS NV 89102

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LAS VEGAS NV 89102



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/03/1980		3a. Date of Last Report 03/17/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3103536		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

DOKES, KEVIN
2784 N.W. 47TH TERRACE
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 officer, if applicable.

(NOTE: Registered Agent's signature required when reappointment.)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	DOKES, MICHAEL	1.2 NAME	
STREET ADDRESS	2784 N.E. 47 TERRACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAUDERDALE LAKES FL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	
NAME	CUMMINGS, SANDRA	2.2 NAME	
STREET ADDRESS	9801 W. SAHARA #2197-1600 IMPERIAL CUPPR	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAS VEGAS NV 89117	2.4 CITY - ST - ZIP	
TITLE	V.P.	3.1 TITLE	
NAME	ALISA MORRIS	3.2 NAME	
STREET ADDRESS	767 ROSAMOND AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	AKRON, OHIO 44307	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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:

Michael Dokes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-96

FILE

DATE OF FILING

CR2E034 (3/96)