FILED

Secretary of State

03-16-1999 90057 022 ***150.00

Mar 16, 1999 8:00 am

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400003402

Principal Place of Business

2001 TONNELLE AVENUE

DYNASERV INDUSTRIES, INC.

SIROTKIN, JOSEPH

ALVARADO, LILLIAN 21 ETHERIDGE DRIVE

CARTERET NJ

16331 VINTAGE OAK LN

DELRAY BEACH FL 33484

NAME

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2001 TONNELLE AVENUE NORTH BERGEN NJ 07047 NORTH BERGEN NJ 07047 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/29/1994 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 11-2110991 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip Country 8. This corporation owes the current year Intangible Zip ΠNo Personal Property Tax. 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name REED, JOHN Street Address (P.O. Box Number is Not Acceptable) 990 S FLAMINGO RD DAVIE FL 33325 83 City Zin 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. 3/3/99 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) d agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change DELETE 1.1 TITLE TITLE ATKINSON, RONALD W NAME 1.2 NAME 102 WICK DRIVE 1.3 STREET ADDRESS STREET ADDRESS FORDS NJ 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE

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2.3 STREET ADDRESS

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6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2: 4 CITY-ST-ZIP

STREET ADDRESS 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

SIGNATURE:

(<u>@</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

330-7700

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