

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006655 (4)

1. Corporation Name

DYNO MERCHANDISE HOLDINGS CORPORATION

Principal Place of Business

1571 WEST COPANS ROAD, SUITE 105
POMPANO BEACH FL 33064-1513

Mailing Address

1571 WEST COPANS ROAD, SUITE 105
POMPANO BEACH FL 33064-1527



3. Date Incorporated or Qualified
12/28/1994

3a. Date of Last Report
04/05/1996

4. FEI Number

65-0541354

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

33064-1513

30

9. Name and Address of Current Registered Agent

FEINBERG, JOHN R
1571 WEST COPANS ROAD, STE. 105
POMPANO BEACH FL 33064-1513

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FEINBERG, JOHN R	
STREET ADDRESS	1571 WEST COPANS ROAD, STE. 105	
CITY - ST - ZIP	POMPANO BEACH FL 33064-1513	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASSI, CARL A	
STREET ADDRESS	1571 WEST COPANS ROAD, STE. 105	
CITY - ST - ZIP	POMPANO BEACH FL 33064-1513	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	STUTTS, JIM A	
STREET ADDRESS	1571 WEST COPANS ROAD, STE. 105	
CITY - ST - ZIP	POMPANO BEACH FL 33064-1513	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JONES, JAMES E	
STREET ADDRESS	1571 WEST COPANS ROAD, STE. 105	
CITY - ST - ZIP	POMPANO BEACH FL 33064-1513	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 recorder 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97

Daytime Phone #

0147882

CR2E034 (9/96)