

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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90085 013 \*\*\*150.00

DOCUMENT # L20789

1. Corporation Name

PLANNING DYNAMICS INC.

Principal Place of Business

11690 NW 19TH DRIVE  
MIAMI FL 33071  
US

Mailing Address

SAMUEL MENDELOW  
11690 NW 19TH  
CORAL SPRINGS FL 33071  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1989

4. FEI Number

65-0149786

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 10 MEADOW BROOKE LANE

Suite, Apt. #, etc.

22

City & State

23 ORMOND BEACH, FL

Zip

24 32174

Country

25 US

2a. Mailing Address

26 10 MEADOW BROOKE LANE

Suite, Apt. #, etc.

27

City & State

28 ORMOND BEACH, FL

Zip

29 32174

Country

30 US

9. Name and Address of Current Registered Agent

MENDELOW, SAMUEL  
11690 NW 19TH DR  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name MENDELOW, SAMUEL

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

10 MEADOW BROOKE LANE

83

84 City ORMOND BEACH

FL

85 Zip Code

32174

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 ☐ DELETE

NAME MENDELOW, SAMUEL  
STREET ADDRESS 11690 NW 19TH DR  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE DS ☐ DELETE

NAME ALPERT, BERYL  
STREET ADDRESS 11690 NW 19TH DR  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 10 MEADOW BROOKE LANE

1.3 STREET ADDRESS ORMOND BEACH, FL 32174

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 10 MEADOW BROOKE LANE

2.3 STREET ADDRESS ORMOND BEACH, FL 32174

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL MENDELOW

Date

2/18/99 (904) 274-0045

Daytime Phone #

CR2E034 (11/98)