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

DOCUMENT # M77581

1. Corporation Name

DYNAMIC REALTY OF ST. LUCIE COUNTY, INC.

Principal Place of Business
2291 SHELTER DR PT ST LUCIE FL 34952 US

Mailing Address

2291 SHELTER DR PT ST LUCIE FL 34952

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90228 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

				04/22/1988		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 47	I LAMON LANE	26 471 LAM	ON LANE	65-0047701	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State			IF FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
			Country	This corporation owes the current year Interest.		
24 349	8.3 25 USA	29 34983 30	1 (C	Personal Property Tax.	☐ Yes X No	
24 3 1 1	9. Name and Address of Curre		' 	10. Name and Address of New Registered	Agent	
JEROME W WAYNO, JR 2291 SHELTER DR PT ST LUCIE FL 34952			83 4-	82 Street Address (P.O. Box Number is Not Acceptable) 83 471 LAMON LANE		
			84 City P	T. ST. LUCIE FL	34983	
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 Medical printed page 11 registered agent and the it abolicable. (NOTE: Registered Agent signature required when reinstating) DATE						
SIGNATURE	Signature, typed or printed name of registered ag		gistered Agent signature req			
12.	OFFICERS A	MD DIBECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS IN 12 Addition	
TITLE	DP	☐ OEFELE	1.1 TITLE			
NAME	Wayno, Jerome W., Jr.		1.2 NAME	471 LAMON LANE PT. ST. LUCIE, FL 34983		
STREET ADDRESS	- 2291-SHELTER-D R	Î	1.3 STREET ADDRESS	OF ST 1,1815 E1 34983		
CITY-ST-ZIP	PT ST LUCIE FL		1.4 CITY-ST-ZIP	V1. 31. LOCIE, 1 E 31.03		
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	WAYNO, SHARON.		2.2 NAME			
STREET ADDRESS	2291 SHELTER DR		2.3 STREET ADDRESS			
CITY-ST-ZIP	PT ST LUCIE FL		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STREET ADDRESS			
CITY-ST-ZIP			44 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
O1 L#	L		-	:- CK 440 07/2)() Florido Statutos I furbor con	tify that the information	

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: