

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
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90076 040 ***150.00

DOCUMENT # R93000082445

1. Corporation Name

Dynamic Amusement South Inc.
10853 92nd AVE N.
Seminole FL 33772.

Principal Place of Business

Mailing Address

10853 92nd AVE N.
Seminole FL 33772.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/93

4. FEI Number

150444727

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

2a. Mailing Address

21 10853 92nd AVE N.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Seminole FL

28 Seminole FL

24 Zip Country

29 Zip Country

24 33772 25 Pinellas

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C. A. TARANTO
10853 92nd AVE N.
Seminole FL 33772.

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

C. A. Taranto

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CEO
NAME L. Thomas TARANTO
STREET ADDRESS 789 Linden AVE
CITY-ST-ZIP Rochester N.Y. 14625

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE EUP
NAME MARSHA TARANTO
STREET ADDRESS 789 Linden AVE
CITY-ST-ZIP Rochester N.Y. 14625

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE Pres.
NAME CATHERINE A TARANTO
STREET ADDRESS 10853 92nd AVE N.
CITY-ST-ZIP Seminole FL 33772.

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ST
NAME CATHERINE A TARANTO
STREET ADDRESS 10853 92nd AVE N.
CITY-ST-ZIP Seminole FL 33772.

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

C. A. Taranto

CATHERINE A TARANTO

4/29/99

941-351-9890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)