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Jun 01, 1999 8:00 am

**Secretary of State** 

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000031991

DYNAMIC ASSOCIATES REALTY & INVESTMENTS, INC.

Mailing Address Principal Place of Business 6142 MIRAMAR PARKWAY 6142 MIRAMAR PARKWAY SUITE A SUITE A DO NOT WRITE IN THIS SPACE MIRAMAR FL 33023 MIRAMAR FL 33023 3. Date Incorporated or Qualifed 04/27/1994 2a. Mailing Address Applied For 2. Principal Place of Business 65-0485632 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country This corporation owes the current year Intangible Country Zip Zip □No X Yes 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PARKE, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 82 11921 N.W. 20TH STREET PEMBROKE PINES FL 33026 83 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE 1.1 TITLE TITLE MCLEARY, GRAHAM B 12 NAME NAME 6142 MIRAMAR PARKWAY 13 STREET ADDRESS STREET ADDRESS MIRAMAR FL 33023 1.4 CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TTLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ OELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. C(TY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP

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 dn an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

YPED OR PRINTED NAME OF

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Change

☐ Addition

(11/98)CR2E034