## 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 # P9400069877

1. Corporation Name

DYNAMIC COMPUTERS, INC.

cipal Place of Business	Mailing Address		
SW 88TH AVE PER CITY FL 33328	5760 SW 88TH AVE COOPER CITY FL 33328		
:			

## May 01, 1999 8:00 am Secretary of State

05-01-1999 90029 031 \*\*\*150.00

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Principal Plac	e of Business	Mailing Address			Etim Mättin fätide saktie sint	H1 (20) (39)
5760 SW 88TH AVE 5760 SW 88TH AVE COOPER CITY FL 33328 COOPER CITY FL 33328						
	•			DO NOT WRITE IN T	HIS SPACE	<del></del>
Į	<i>;</i>			3. Date Incorporated or Qualifed		
<u> </u>	N	A Adailia - Addanaa		09/22/1994 4. FEI Number	- Annii	ind For
<b>⊢</b>	Place of Business	2a. Mailing Address	512		<u> </u>	Applicable
21 Suite, Apt.	# #**	26 1.0, 50% 10 Suite, Apt. #, etc.	3,-	65-0522775	\$8.75 Ad	
	. #, etc.	27		5. Certifcate of Status Desired	Fee Requ	
City & Stat	to	City & State		6. Election Campaign Financing	\$5.00 M	
23		28 POMPANO BE	ACH FL	Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24	25	29 33061-6512 3	و د آه	Personal Property Tax.		JKI0
<del></del>	9. Name and Address of Curren			10. Name and Address of New Register	ed Agent	
			81 Name	4 Marca Clo S. Brown	NHSTEIN	f
	Y, MARCO	•	82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
5760 SW 88TH AVE			2635 U	E JEUNE KOAD SUITE	1108	
( coc	OPER CITY FL 33328		83	,		
	• •		84 City		85 Zip Co	ah
			Coll		L 3313	34
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050; registered agent or both, in the State am familiar with and accept the obligations.	of Florida. Such change was autitions of, Section 607.0505, Florid	, the above-named corp norized by the corporational statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	e of changing its re pointment as regis	gistered stered
MATURE	Signature, typed or printed name of registered altern	nt and tyte if applicable. (NOTE: R	egistered Agent signature required	d when reinstating) DATE		——      \
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	0	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	LEVY, MARCO		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS		•	J
CITY-ST-ZIP	COOPER CITY FL 33328		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE .		Change	Addition
NAME			2.2 NAME			1
STREET ADDRESS	;		2.3 STREET ADDRESS			Ì
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME .			1
STREET ADDRESS			3.3 STREET ADDRESS			-
CITY-ST-ZIP	l .					1
TITLE		<u> </u>	3.4. CITY-ST-ZIP			
NAME	•	[] DELETE	3.4. CITY-ST-ZIP		Change	Addition
STREET ADDRESS	•	DELETE			☐ Change	Addition
		[] DELETE	4.1 TITLE		Change	Addition
CITY-ST-ZIP	· .		4.1 TITLE 4. 2 NAME			
CITY-ST-ZIP	·	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP 5.1 TITLE		☐ Change	Addition
			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	☐ Addition

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 occiver 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 NO TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAM, OFFICER OR DIRECTOR

Daytime Phone #