FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000078846 (0)**

1. Corporation Name
DYNAMIC ENTERPRISES, INC.

Principal Place of Business	Mailing Address
617 CLEVELAND ST SUITE 22 CLEARWATER FL 34615	617 CLEVELAND ST SUITE 22 CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/26/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1613 main street	26 1613 main street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Dunedin FL	28 City & State: Dunedin, FL
24 Zip: 34698 25 Country: Pinellas	29 Zip: 34698 30 Country: Pinellas

4. FEI Number: 59-3276645 ☐ 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 has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ORBAN, DENNIS H 617 CLEVELAND ST SUITE 22 CLEARWATER FL 34615	81 Name: Orban Dennis H. 82 Street Address (P.O. Box Number is Not Acceptable): 1613 Main Street 83 84 City: Dunedin FL 65 Zip Code: 34698

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: Dennis H. Orban — Dennis H. Orban Director 4/28/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	ORBAN, DENNIS H	1.2 NAME	Orban, Dennis H	
STREET ADDRESS	617 CLEVELAND ST, SUITE 22	1.3 STREET ADDRESS	1613 Main Street	
CITY-ST-ZIP	CLEARWATER FL 34615	1.4 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	SWANSON, MICHAEL S	2.2 NAME	~~Mitchell~~ Swanson, Michael S.	
STREET ADDRESS	617 CLEVELAND ST, SUITE 22	2.3 STREET ADDRESS	1613 Main Street	
CITY-ST-ZIP	CLEARWATER FL 34615	2.4 CITY-ST-ZIP	Dunedin, FL. 34698	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Dennis H. Orban — Dennis H. Orban Director 4/28/95 (813)733-5514
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

038200 CP