FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000080993 (5)

DYNAMIC MANUFACTURING, INC.

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Mailing Address

FILED Mar 19 1997 8:00am Secretary of State



S187 N STATE MARGATE FL	RD 7. #104 33063	3187 N STATE RD 7. #104 MARGATE FL 33063-7006								
					3. Date Incorporated or Qualified 10/20/1995	3a. Date of Last Report 04/01/1996				
2. Principal P	Place of Business 8 N. 51 NTE Road	7 26 07/8 N. 57	lute t	Page 17	4. FEI Number	Applied For				
		7 26 0718 N. 37	N/C /	(UUU /	65-0616824	Not Applicable				
Spite, Apt.	Ν	Suite, Apt. //, etc.	··-	·	5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & Stat	gate, FI	City & State 28 MX19NTE	,FI		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
zip33	063 25 Browned	29 33063 3	Country	DWNIOL	Trong Grateros	Yes No				
	9. Name and Address of Curren	it Registered Agent		1	10. Name and Address of New Re	gistered Agent				
	FNY, DEBRA O		81	Name						
	7 N STATE RD 7, #104 IGATE FL 33063		82							
1.0			83							
1			84	City		Fi 85 Zip Code				
SIGNATURE	Signature, togod or printed name of registal colage	nt a dittle if applicable. (NOTE: I	Registered Age	ent signature require		3/Y/				
12.	PTRA OFFICE RS AND		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition				
TITLE NAME	TRAFNY, DEBRA	DELFTE	1.1 10 LF 1.2 NAME	Ī		☐ Change ☐ Audition				
STREET ADDRESS	6967 NW 27TH CT		1.3 STREET	ADORESS						
CITY-ST-ZIP	MARGATE FL 33063		1.4 CITY- S							
TITLE		☐ DELETE	21 TITLE	''		Change Addition				
NAME			2.2 NAME	ĺ						
STREET ADDRESS			2.3 STREE1	ADDRESS	•					
:CITY-ST-ZIP			2. 4 CITY-1	S1-ZIP						
TITLE		[_] DELETE	3 1 TITLE	}		Change Addition				
NAME			3.2 NAME	•						
STREET ADDRESS			3.3 STREET	- 1						
CITY-ST-ZIP		D DELETE	3.4. CITY - 5 4.1 TITLE	ST-71P		Change Addition				
NAME		₽ biccir	4. 2 NAME	}		El Pitaligo El Mosilion				
STREET ADDRESS			4.2 NAME	ADDRESS						
CITY-ST-ZIP			4.4 CITY - S							
TITLE		☐ DÉLETE	5.1 TITLE			☐ Change ☐ Addition				
NAME		:	5.2 NAME	Į						
STREET ADDRESS			5.3 STREET	ADDRESS		VB 3-19				
CHTY-ST-ZIP			5.4 Cily - S	1-2(P		VIDI				
TITLE		☐ DELETE	6.1 TITLE		والمراجع المراجع المرا	Change Addition				
NAME			62 NAME		50000211 -03/20/97010	0033 12-019				
STREET ADDRESS			6.3 STREET	ADDRESS	***165.00	the second of the second				
CITY-ST-ZIP			6.4 C(1)Y - S	I- Z IP	4.4.4.1577.157					

I do 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 cereporation 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 exactment with an address.

3/15/97