

FILED
Jun 18, 1999 8:00 am
Secretary of State

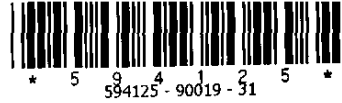
06-18-1999 90011 038 ***150.00
07-22-1999 90019 031 ***400.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000080993 (5)
DYNAMIC MANUFACTURING, INC.



2718 N STATE RD 7, #104
MARGATE FL 33063

2718 N STATE RD 7, #104
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

1. Date incorporated or Qualified

10/20/1995

2. FEI Number

65-0616824

3. Apportion For

Not Applicable

4. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

5. Election Campaign Financing
Trust Fund Contribution

☒

\$5.00 May Be
Added to Fees

6. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

7. Name and Address of Current Registered Agent

TRAFNY, DEBRA O
3187 N STATE RD 7, #104
MARGATE FL 33063

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

Subscribed 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 and 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 responsibilities of Section 607.0505, Florida Statutes.

8. Signature

Debra Trafny

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

PTRA
TRAFNY, DEBRA
6967 NW 27TH CT
MARGATE FL 33063

Vice President

Trafny, Michael
6967 NW 27TH CT
MARGATE, FL 33063

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

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

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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
submitted 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 the attachment with an address.

SIGNATURE:

Debra Trafny