

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000096314 (6)

1. Corporation Name

DYNAMIC ASSET RECOVERY CORP.



Principal Place of Business

Mailing Address

1211 W HILLSBOROUGH AVE
TAMPA FL 33603

1211 W HILLSBOROUGH AVE
TAMPA FL 33603

2. Principal Place of Business

2a. Mailing Address

21 1105 CONNECTICUT RD
Suite, Apt. #, etc.

26 PO Box 655
Suite, Apt. #, etc.

23 City & State

27 City & State

23 TARPON SPRINGS, FL.

27 TARPON SPRINGS, FL.

24 Zip

25 Country

29 Zip

30 Country

24 34689

25 PINELLAS

29 34688-655

30 PINELLAS

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

12/13/1995

4. FEI Number

Applied For

Not Applicable

59-3351252

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

10. Name and Address of New Registered Agent

TRANA, DOMENICK JR
1211 W HILLSBOROUGH AVE
TAMPA FL 33603

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature of officer or director of corporation (if applicable)

(If the Registered Agent signature is required, attach a separate sheet)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	TRANA, DOMENICK JR	1211 W HILLSBOROUGH AVE	TAMPA FL 33603	<input type="checkbox"/>
B	TRANA, CYNTHIA	1211 W HILLSBOROUGH AVE	TAMPA FL 33603	<input checked="" type="checkbox"/>
P	CASWELL, MATTHEW W	1105 CONNECTICUT RD	TARPON SPRINGS, FL 34689	<input type="checkbox"/>
T	CASWELL, RAYMOND F	1105 CONNECTICUT RD	TARPON SPRINGS, FL 34689	<input type="checkbox"/>
S	WAGNER, KEVIN W	3637 SARAZEN DR	NEW PORT RICHEY, FL 34655	<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. CHANGE	6. ADDITION
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Ronald H. Homan Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/03/96 (813) 944-2370