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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

P97000090063 (3) DOCUMENT #

DYNAMIC RESTAURANT OPERATIONS OF JACKSONVILLE, I NC.

FILED May 15 1998 8:00am Secretary of State



Principal Place		Mailing Address					
4225 GENESEE ST							
DOTTAGO III	7425	DUITAGO HI 142ED			DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualified 10/20/1997		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		applied For
21 2499 6LADES ROAD 26 2499 6LAD			S 2000			65-0795933 Not Apr	
Sulte, Apt		Suite, Apt. #, etc.	FI - FI		SR 75 Additional		
22 5 (4) City & State	ITG 106 B	27 S41TE ID6 B City & Stato 28 BOCA RATON FL			Fee Required Fee Required Fee Required Fee Required Fee Required Fee Required Added to Fees		
23 BOCA	RATON EL						
Zip 384	131 25 US	7tp 33 431 30 Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes V No		
=:1	9. Name and Address of Current		1001 -10		10. Name and Address of New Registere		
SIE	GEL, NAT		81	Name			
2499 GLADES RD, SUITE 106 BOCA RATON FL 33431				00 00 00 00 00 00 00 00 00 00 00 00 00			
				82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	City	F	85 Zip	Code
11. Pursuant 1	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above	-named o	corporation submits this statement for the purpose oration's board of directors. I hereby accept the a	of changing	its registered
agent. Lar	egi ste red agent, or both, in the state i m fam iliar with, and accept the obliga	or nonda-such change was tions of, Section 60 7.0 505, Fi	aumonzeo by lorida Statutes	trie corp.	oration's board of directors, I hereby accept the a	ppointment as	s registereo
SIGNATURE							
	Storature, typed or printed name of registered ager		It: Registraed Ago	ni signature r	required when reinstating) DATE		
12.	OFFICERS AND		13.	г	ADDITIONS/CHANGES TO OFFICERS A		
TITLE		☐ DELETE	1.1 TITLE		President	L_ Change	Addition
NAME			1.2 NAME 1.3 STREET ADDRESS		Jayes A. Cobentind 4226 Geneses BT Check Toward Ny 142		
STREET ADDRESS					4228 GENESEE ST		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		CHECKTOWAGA NY 142	ار.	
TITLE		[_] DELETE	2.1 TITLE 2.2 NAME			∐ Change	
NAME							
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2 4 CITY-5	T-ZIP			
TITLE		☐ DELFTE	3.1 1/11 LE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET ADDRESS				
CITY-ST-ZIP		T opere		1 - ZIP	<u></u>	- I Chares	Addition
TITLE		[_] OEFELE				∐ Change	☐ Addition
NAME			4. 2 NAME	4000000			
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP TITLE		DELI TE	4.4 CITY - ST - ZIP 5.1 TITLE			Change	Addition
NAME			5.2 NAME			C Outside	POUROII
				ADDDEED			
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP TITLE		DELF TE	5.4 City-St-ZiP 6.1 TRLF 6.2 NAME			Change	Addition
NAME		LLJ DEGUE				☐ owninge	III Noomon
· ·				ADDOLOG			
STREET ADDRESS			63 STREET				
CITY-ST-ZIP	artify that the information curviled with	h this films does not mode f	64 CITY-S		d in Section 119.07(3)(i), Florida Statutes. I further	cortifu that the	a information
indicated of officer or o	on this annual report or supplemental	annual report is true and acciver or trustee empowered to	curate and tha	it my sign	required by Chapter 607, Florida Statules; and the required by Chapter 607, Florida Statules; and the	under oath; th	nat I am an