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

PROFIT CORPORATION ANNUAL-REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000091050

1. Corporation Name

May 03, 1999 8:00 am Secretary of State

05-03-1999 90032 040 ***150.00

DYNAMIC OFFERINGS, INC.										
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		-			,				(5 ())(55 () (56)	
Principal Place of Business Mailing Address								A 483.04 ICAUS MACA	A MENTAL MARKET SAME	
1747 VAN BUREN STREET 1747 VAN BUREN STREET							·	,		
PENTHOUSE PENTHOUSE										
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020							DO NOT WRITE IN THIS SPACE			
]							3. Date Incorporated or Qualifed 10/21/1997]	
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		oplied For	
21. Visiting Actiess 22. Walling Actiess 25.							65-0787575	1-1-	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							00 0101313		Additional	
22				• • • •			-5. Certifcate of Status Desired	Fee R	equired	
City & State City & State							6. Election Campaign Financing	\$5.00	May Be	
23	3			ی مسیدی			Trust Fund Contribution		to Fees	
Zip	Country Zip			Country			8. This corporation owes the current year le	tangible		
24	25 29 30						Personal Property Tax.	Yes	□No	
ļ	9. Name and Address of Current	Registered Agent		81			10. Name and Address of New Registered	Agent		
MOGAVERO, ALFRED J					Name					
3900 GALT OCEAN DR #1612				82 Street Address (P.O. Box Number is No			ss (P.O. Box Number is Not Acceptable)			
FORT LAUDERDALE FL 33308										
YOU ENDERDALE IT 99900				83				•	Ì	
				84	City		Fi	85 Zip	Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named comporation 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		•	_	_			when reinstating) DATE			
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent	signature re	equirea v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	
TITLE			1.1 78	ne		3	Nobilional Prince To Gillionia	☐ Change	Addition	
NAME	MOGAVERO, ALFRED J		1.2 NA	1.2 NAME Se		Ç.	RITCHY A Scott			
STREET ADDRESS	1 011 - 00-111 - 00 - 110 - 1			1.3 STREET ADDRESS		13	331 NW Qqth AUL		[:	
CITY+ST-ZIP	FORT LAUDERDALE FL 33308		1.4 CITY-ST-ZIP				utation FL 33322		ł	
TITLE	, ,	DELETE	2.1 TITLE					Change	☐ Addition	
NAME	,		2.2 NAME]				}	
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CITY-ST-ZIP			2. 4 Cf	TY-ST	r-ZIP					
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NAME	32M		3.2 NA	ME	}				}	
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CITY-ST-ZIP			3.4. CT		-ZIP					
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NAME	· ·		4. 2 N	AME	ļ					
STREET ADDRESS					ADDRESS				Ì	
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TITLE		DELETE	5.1 T/TLE 5.2 NAME		}			☐ Change	☐ Addition	
NAME					ADDDESS		*		-	
STREET ADDRESS					ADDRESS				1	
CITY-ST-ZIP				Y-ST-	-412			Change	Addition	
TITLE	62				1				L. Addition	
1					ADDRESS .					
O INCE I AUDKESS	STREET ADDRESS			/						

14. 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 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, with all other like empowered.

SIGNATURE: