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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000104737 (6) **DOCUMENT #** DYNAMIC SERVICES, INC. Principal Place of Business Mailing Address 4402 SW 74TH AVENUE 4402 SW 74TH AVENUE MIAMI FL-30176 MIAMI FL 33176 DO NOT WRITE IN THIS SPACE 331*55* 33155 3. Date Incorporated or Qualified 12/12/1997 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0800 574 Not Applicable 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 Personal Property Tax due June 30. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name RESSLER, BARRY 9100 S DADELAND BLVD SUITE 404 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33176** 83 84 City Zip Code 65 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 agont, 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 agont. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition CATARINEAU, RICHARD L NAME 1.2 NAME 11237 SW 112TH ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition TITLE DELETE 2.1 TITLE WITT, MARK H NAME 2.2 NAME 3438 SW 24TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33145** CITY - ST - ZIP 2. 4 CITY - ST- ZIP DELETE Addition 3 1 TITLE Change TITLE 3.2 NAME NAME STREET ADORESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 51 TITLE 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 6 1 TITLE TITLE NAME 62 NAME

6.4 CITY-ST-ZIP 14. Thereby 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 13 if chapped or on an attachment with an address. 305-269

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 25 1998 8:00am

Secretary of State

0797