

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 25 PM 12: 23

DOCUMENT # **S33346** (5)

1. Corporation Name  
**DYNAMIC TOURS AND TRANSPORTATION, INC.**

Principal Place of Business Mailing Address  
**DYNAMIC TOURS & TRAN. INC.** PO BOX 691164  
**7131 GRAND NATL. DR. STE. 107** ORLANDO FL 32669-1164  
**ORLANDO FL 32619** US  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/21/1991** 3a. Date of Last Report **10/05/1994**

2. Principal Place of Business 2a. Mailing Address

21 26

4. FEI Number **59-3096397** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State City & State

23 28

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip Country Zip Country

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAKKAK, ASSAD S.**  
**4864 SPRING RUN AVE.**  
**ORLANDO FL 32619**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>
NAME	<b>DAKKAK, ASSAD S.</b>
STREET ADDRESS	<b>4864 SPRING RUN AVE</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>V</b>
NAME	<b>DAKKAK, EDNA S.</b>
STREET ADDRESS	<b>4864 SPRING RUN AVE</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
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CITY - ST - ZIP	

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
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3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

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 110.07(3)(b), 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.

SIGNATURE: Edna Dakkak Edna Dakkak 5/19/95 407-351-7777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Initials Please)