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Secretary of State

06-18-1999 90010 006 ***158.75
 07-12-1999 90009 045 ***391.25

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S33346

1. Corporation Name
DYNAMIC TOURS AND TRANSPORTATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 175 THORPE RD.
 ORLANDO FL 32824
 US

Mailing Address
 175 THORPE RD.
 ORLANDO FL 32824
 US

3. Date Incorporated or Qualified
02/21/1991

4. FEI Number
59-3096397

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

9. Name and Address of Current Registered Agent
DAKKAK, ASSAD S
6121 ORANGE HILL COURT
ORLANDO FL 32819

10. Name and Address of New Registered Agent
 81 Name **DAKKAK / Edna S**
 82 Street Address (P.O. Box Number is Not Acceptable)
6121 Orange Hill Ct.
 83
 84 City **Orlando** FL 85 Zip Code **32819**

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 *Assad S Dakkak* **6/8/99**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing.)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DAKKAK, ASSAD S	
STREET ADDRESS	175 THORPE RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DAKKAK, EDNA S	
STREET ADDRESS	175 THORPE RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dakkak/Edna S.	
2.3 STREET ADDRESS	175 Thorpe Rd.	
2.4 CITY-ST-ZIP	Orlando, FL 32824	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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: *Assad S Dakkak* **6/8/99** 407-888-3500
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (1/98)