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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V19110

Principal Place of Business

DYNAMIC AUTO SALES & TRUCK, INC.

10520 ATLANTIC BLVD. JACKSONVILLE FL 32207		10520 ATLANTIC BLVD. JACKSONVILLE FL 32207		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 03/06/1992		
2 Principal D	and of Puninger	2a. Mailing Address	Mailing Address		4. FEI Number		Applied For
2. Principal Place of Business		26		59-2886548	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	\$8.7	5 Additional	
22		27		5. Certifcate of Status Desired	Fee	Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 30	Country		This corporation owes the current year In Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
	DALL G. MINOR, P.A.		81	Name			
5515		82	Street Add	Iress (P.O. Box Number is Not Acceptable)			
JAC	(SONVILLE FL 32207		83				
	€		84	City	FL	85 2	Zip Code
agent. I a	m familiar with, and accept the obligations of registered age	ations of, Section 607.0505, Florida	a Statutes		ion's board of directors. I hereby accept the appo		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	CTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Char	nge
NAME	ITANI, RAY		1.2 NAME				
STREET ADDRESS	10520 ATLANTIC BLVD.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-S	T-ZIP		- Char	Addition
ΠTLE		☐ ØELETE	2,1 TITLE			☐ Char	nge
NAME			2.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		☐ DELETE	2.4 CITY-5 3.1 TITLE	ST-ZIP		[□] Chai	nge Addition
TITLE			3.2 NAME	ł			
NAME				T ADDRESS			
STREET ADDRESS			3.4. CITY-5	ļ			
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	,, ,,,		Cha	nge Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY- S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Chai	nge
NAME			52 NAME				
STREET ADDRESS			_	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		[T] Ch	nge
TITLE		☐ DELETE	6.1 TITLE			Chai	inge 📋 Audition
NAME			6.2 NAME	TADDDESC			
STREET ADDRESS	i		6.3 STREE	TADDRESS			

SIGNATURE:

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 of 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.

FILED

May 08, 1999 8:00 am Secretary of State

05-08-1999 90054 034 ***150.00