

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

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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 347107 (5)
1. Corporation Name
DYNE-A-MARK CORPORATION



Principal Place of Business
500 WINDERLY PL
#100
MAITLAND FL 32751-406
US

Mailing Address
500 WINDERLEY PL
#100
MAITLAND FL 32751-7406
US

3. Date Incorporated or Qualified 05/29/1969 3a. Date of Last Report 02/23/1996
4. FEI Number 59-1264735 Applied For Not Applicable
5. Certificate of Status Desired X \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MADRAZO, CHARLES
500 WINDERLEY PL
#100
MAITLAND FL 32751-7406

10. Name and Address of New Registered Agent
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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change Addition
NAME	MADRAZO, CHARLES	1.2 NAME	
STREET ADDRESS	500 WINDERLEY PL, #100	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 06	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	Change Addition
NAME	PERSE, RICHARD	2.2 NAME	
STREET ADDRESS	500 WINDERLEY PL #100	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 06	2.4 CITY-ST-ZIP	
TITLE	TSD	3.1 TITLE	Change Addition
NAME	OLLER, GAYLE	3.2 NAME	
STREET ADDRESS	1001 N.W. 62ND ST #300N	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Charles M. Mortham* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (9/96)