

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

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**May 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003804 (0)

1. Corporation Name
DYNECO INTERNATIONAL, INC.



Principal Place of Business 564 INTERNATIONAL PLACE ROCKLEDGE FL 32955	Mailing Address 564 INTERNATIONAL PLACE ROCKLEDGE FL 32955-4200
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3. Date Incorporated or Qualified 08/07/1995	3a. Date of Last Report 03/26/1996
4. FEI Number 41-1722003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**EDWARDS, THOMAS C
564 INTERNATIONAL PLACE
ROCKLEDGE FL 32955**

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	BESSER, RICHARD	
STREET ADDRESS	5-A SKIDAWAY VILLAGE, SUITE 137	
CITY-ST-ZIP	SAVANNAH GA 31411	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EDWARDS, THOMAS C	
STREET ADDRESS	1426 GLENEAGLES WAY	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, RALPH	
STREET ADDRESS	242 ADELAIDE STREET	
CITY-ST-ZIP	DEBARY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LONGREN, DENNIS	
STREET ADDRESS	4821 HIGHLAND RD	
CITY-ST-ZIP	MINNETONKA MN 55345	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAMBORNINO, CHUCK	
STREET ADDRESS	500 WAYCLIFFE DRIVE, NORTH	
CITY-ST-ZIP	WAYZATA MN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GALBRAITH, RICHARD	
STREET ADDRESS	6228 SANDPIPER COURT	
CITY-ST-ZIP	EDINA MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Edwards, Thomas C	
1.3 STREET ADDRESS	1426 Gleneagles Way	
1.4 CITY-ST-ZIP	Rockledge, FL 32955	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cole, Peter G.	
2.3 STREET ADDRESS	454 Villa Grande Ave., South	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33707	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Holtgreive, Robert J.	
3.3 STREET ADDRESS	3925 36th Street N.W.	
3.4 CITY-ST-ZIP	Canton, OH 44718	
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 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: Thomas C. Edwards 4/24/97 407/639-0333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)