

5-13-98 B 7202 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F95000003804 (0)

1. Corporation Name
DYNECO INTERNATIONAL, INC.



Principal Place of Business Mailing Address
564 INTERNATIONAL PLACE ROCKLEDGE FL 32955 **564 INTERNATIONAL PLACE ROCKLEDGE FL 32955**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARDS, THOMAS C
564 INTERNATIONAL PLACE
ROCKLEDGE FL 32955

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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 CP
 NAME EDWARDS, THOMAS C
 STREET ADDRESS 1426 GLENEAGLES WAY
 CITY-ST-ZIP ROCKLEDGE FL

1.1 TITLE D
 1.2 NAME Manning, George E.
 1.3 STREET ADDRESS 148 Wianno Avenue
 1.4 CITY-ST-ZIP Osterville MA 02655

TITLE VD
 NAME EDWARDS, THOMAS C
 STREET ADDRESS 1426 GLENEAGLES WAY
 CITY-ST-ZIP ROCKLEDGE FL

2.1 TITLE D
 2.2 NAME O'Halloran, James P.
 2.3 STREET ADDRESS 105 Spring Street
 2.4 CITY-ST-ZIP Arlington MA 02174

TITLE D
 NAME COLE, PETER G
 STREET ADDRESS 454 VILLA GRANDE AVE., SOUTH
 CITY-ST-ZIP ST. PETERSBURG FL

3.1 TITLE D
 3.2 NAME Vandagriff, Nick
 3.3 STREET ADDRESS 922 Kensington Way
 3.4 CITY-ST-ZIP Bowling Green KY 42101

TITLE D
 NAME HOLTGREIVE, ROBERT J
 STREET ADDRESS 3925 36TH STREET N.W.
 CITY-ST-ZIP CANTON OH

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE
 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.

SIGNATURE

[Handwritten Signature]

CR2E034 (10/97)