

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

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Apr 25, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F95000003804

1. Corporation Name
DYNECO INTERNATIONAL, INC.



Principal Place of Business
 564 INTERNATIONAL PLACE
 ROCKLEDGE FL 32955

Mailing Address
 564 INTERNATIONAL PLACE
 ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/07/1995

4. FEI Number
41-1722003

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 30

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MANNING, GEORGE E	
STREET ADDRESS	148 WIANNO AVE	
CITY-ST-ZIP	OSTERVILLE MA 02655	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'HALLORAN, JAMES P	
STREET ADDRESS	105 SPRING ST	
CITY-ST-ZIP	ARLINGTON MA 02174	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VANDAGRIFF, NICK	
STREET ADDRESS	922 KENSINGTON WY	
CITY-ST-ZIP	BOWLING GREEN KY 42101	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLTGREIVE, ROBERT J	
STREET ADDRESS	3925 36TH STREET N.W.	
CITY-ST-ZIP	CANTON OH	
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	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cole, Peter G.	
1.3 STREET ADDRESS	454 Villa Grande Ave., South	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33707	
2.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Edwards, Thomas C.	
2.3 STREET ADDRESS	564 International Place	
2.4 CITY-ST-ZIP	Rockledge, FL 32955	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *KATHERINE HARRIS* 4/21/99 407/639-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)