

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 19 AM 1:36**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortherm Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L13419 (1)**

1. Corporation Name  
**TOTAL DYNAMIC BALANCE, INC.**

Principal Place of Business <b>208 N.W. 47TH AVENUE DEERFIELD BEACH FL 33442</b>	Mailing Address <b>208 N.W. 47TH AVENUE DEERFIELD BEACH FL 33442</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>08/31/1989</b>	3a. Date of Last Report <b>03/01/1994</b>
4. FEI Number <b>65-0150262</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>600 N.W. 45TH AVE</b>	2a. Mailing Address 26 <b>P.O. Box 5940</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>DEERFIELD BEACH, FL</b>	28 City & State <b>LAHTHOUSE PT, FL</b>
24 Zip <b>33442</b>	25 Country <b>USA</b>
29 Zip <b>33074</b>	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent <b>JENISON, ERIC 208 N.W. 47TH AVENUE DEERFIELD BEACH FL 33442 RDWED</b>	10. Name and Address of New Registered Agent 81 Name <b>ERIC JENISON</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>600 NW 45TH AVE</b> 84 City <b>DEERFIELD BEACH</b> FL 85 Zip Code <b>33442</b>
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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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PTD</b>	NAME <b>JENISON, ERIC T.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>208 NW 47TH AVENUE</b>	CITY - ST - ZIP <b>DEERFIELD BEACH FL</b>	1.2 NAME	
TITLE <b>VSD</b>	NAME <b>JENISON, LINDA</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>208 NW 47TH AVENUE</b>	CITY - ST - ZIP <b>DEERFIELD BEACH FL</b>	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ERIC JENISON 3-30-95 305-425-0764  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #