

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P35077 (7)**
1. Corporation Name:
DYNAMIC SYSTEMS-MECHANICAL CONTRACTORS, INC.



Principal Place of Business: **3901 S. LAMAR, #240 AUSTIN TX 78704**
Mailing Address: **3901 S. LAMAR, #240 AUSTIN TX 78704**

3. Date Incorporated or Qualified: **06/13/1991** 3a. Date of Last Report: **03/17/1995**
4. FEI Number: **74-2519426** Applied For: Not Applicable:
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 **3901 S. LAMAR** 22 **#300** 23 City & State: 24 Zip: 25 Country:
2a. Mailing Address: 26 **3901 S. LAMAR** 27 **#300** 28 City & State: 29 Zip: 30 Country:

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.09(2) and 607.15(6), 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 Sections 607.09(5), Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD REHMANN, RANDY J.	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3901 S. LAMAR AUSTIN TX	12 NAME	
CITY, STATE, ZIP	VD AUSTIN TX	13 STREET ADDRESS	
NAME	MARCHAND, JOHN R.	14 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3901 S. LAMAR AUSTIN TX	21 NAME	
CITY, STATE, ZIP	STD AUSTIN TX	22 STREET ADDRESS	
NAME	SCHMIDT, CHARLES D.	23 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3901 S. LAMAR AUSTIN TX	31 NAME	
CITY, STATE, ZIP	D AUSTIN TX	32 STREET ADDRESS	
NAME	FAULKNER, ROYCE W.	33 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3901 S. LAMAR AUSTIN TX	41 NAME	
CITY, STATE, ZIP		42 STREET ADDRESS	
NAME		43 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		51 NAME	
CITY, STATE, ZIP		52 STREET ADDRESS	
NAME		53 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		61 NAME	
CITY, STATE, ZIP		62 STREET ADDRESS	
NAME		63 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		71 NAME	
CITY, STATE, ZIP		72 STREET ADDRESS	
NAME		73 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		81 NAME	
CITY, STATE, ZIP		82 STREET ADDRESS	
NAME		83 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		91 NAME	
CITY, STATE, ZIP		92 STREET ADDRESS	
NAME		93 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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)(k), Florida Statutes. I further certify that the information indicated on this 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 a registered 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 of this report, or as an attachment to an address.

SIGNATURE: _____ (512) 443-4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)