

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AT
AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MIN AMOUNT)

FILED
Jun 10, 1999 8:00 am
Secretary of State

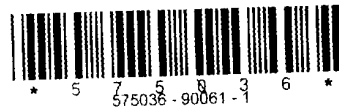
06-10-1999 90061 001 *****8.75
06-10-1999 90061 002 ****150.00

*PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA D
Sand
Se
DIVISION



DEPARTMENT OF STATE

DOCUMENT # P94000046501 (0)

1. Corporation Name

HOME DYNAMICS CORPORATION

Principal Place of Business

DAVID SCHACK
215 187TH ST
MIAMI FL 33180
US

Mailing Address

DAVID SCHACK
215 187TH ST
MIAMI FL 33180
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1994

4. FEI Number

65-0499504

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 7145 Crescent Creek Way
Suite, Apt. #, etc.

2a. Mailing Address

26 7145 Crescent Creek Way
Suite, Apt. #, etc.

22 City & State

23 Coconut Creek, FL

24 Zip 33073

25 Country US

27 City & State

28 Coconut Creek, FL

29 Zip 33073

30 Country US

9. Name and Address of Current Registered Agent

SCHACK, EDWARD J
6521 S.W. 145TH STREET
MIAMI FL 33158

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SCHACK, DAVID J
STREET ADDRESS 215 187TH ST
CITY-ST-ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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:

DAVID SCHACK

6-8 99

954-421-5400

Date

Daytime Phone #

CR2E034 (5/98)