FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000051506 (0)

1. Corporation Name

FEDERAL DYNAMICS, INC.

Principal Place of Business	Mailing Address
~~2400 COMMERCIAL BLVD.~~ ~~SUITE 711~~ ~~FORT LAUDERDALE FL 33308~~	~~2400 COMMERCIAL BLVD.~~ ~~SUITE 711~~ ~~FORT LAUDERDALE FL 33308~~

3. Date Incorporated or Qualified: 06/30/1995
3a. Date of Last Report:

2. Principal Place of Business
21 PO Box 7165
Suite, Apt. #, etc
22
City & State
23 Delray Beach FL
Zip
24 33445
Country
25 USA

2a. Mailing Address
26 PO Box 7165
Suite, Apt. #, etc.
27
City & State
28 Delray Beach FL
Zip
29 33445
Country
30 USA

4. FEI Number: 65-0593534 ☐ 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

9. **Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 [illegible] 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 ______

12. OFFICERS AND DIRECTORS

TITLE	~~PS~~	☒ DELETE
NAME	~~NEEDEL, NATHAN~~	
STREET ADDRESS	~~2400 COMMERCIAL BLVD., SUITE 711~~	
CITY-ST-ZIP	~~FORT LAUDERDALE FL 33308~~	
TITLE	~~VT~~	☐ DELETE
NAME	~~PAUL, ANDREW~~	
STREET ADDRESS	~~2400 COMMERCIAL BLVD., SUITE 711~~	
CITY-ST-ZIP	~~FORT LAUDERDALE FL 33308~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE	P/D	☒ Change ☐ Addition
2 2 NAME	ANDREW PAUL	
2 3 STREET ADDRESS	302 VENETIAN DRIVE	
2 4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
3 1 TITLE	V/D	☐ Change ☒ Addition
3 2 NAME	MIKE AHEARN	
3 3 STREET ADDRESS	302 VENETIAN DRIVE	
3 4 CITY-ST-ZIP	DELRAY BEACH, FL 33483	
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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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)(k), 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: [signature] TRES — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-25-96

Daytime Phone #: 407-272-2000