FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **481230** **(1)**

1. Corporation Name

DYNOPTIC NEW ENGLAND, INC.

Principal Place of Business	Mailing Address
PO BOX 8400 PO BOX 10070 ST PETE FL 33784-000 US	PO BOX 8400 PO BOX 10070 ST PETE FL 33784-000 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/21/1975

3a. Date of Last Report: 05/20/1994

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 04-2575920 ☐ 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

PAYNE, JOHN W
4300 35TH STREET NORTH.
ST. PETERSBURG FL 33714

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PAYNE, J. SCOTT	1.2 NAME	
STREET ADDRESS	410 SANDY HOOK RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURER ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, RICHARD, M D	2.2 NAME	
STREET ADDRESS	6660 1ST AVENUE SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PAYNE, JOHN W	3.2 NAME	
STREET ADDRESS	68 DOLPHIN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND, FL00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DUFFY, CHARLES J	4.2 NAME	
STREET ADDRESS	13380 88TH AVENUE N	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	☐ Change ☐ Addition
NAME	STANKIEWICZ, CY	5.2 NAME	
STREET ADDRESS	3804 46TH AVENUE SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	MOTTA, JOSEPH E	6.2 NAME	
STREET ADDRESS	6192 39TH AVE N	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	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)(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 added on an attachment with an address.

SIGNATURE: Stankiewicz 04/27/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0448163 FP