## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # F95000002945 (2)

GLOBAL DYNAMICS, INC.

information indicated on this annual report or am an officer or director of the corporation appears in Block 12 or Block 13 if

Principal Place		Mailing Address SUITE 355						
1350 TREAT BI WALNUT CREE		1350 TREAT BLVD. WALNUT CREEK CA 94596	5-2151					
				<ol> <li>Date incorporated or Qualifiting 06/19/1995</li> </ol>		3a. Date of Last Report 05/01/1996		
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26			68-0117648   Not Applicable			
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
23					Trust Fund Contribution Added to Fees			
Ζίρ	Country	Zip		try	8. This corporation has liability			s. 199.032,
24	25 9. Name and Address of Current	29 Aggistered Agent	30		Florida Statutes  10. Name and Address of New	XX Yes		
0.7		Tregistorou Agent		31 Name	to, name and nadiose of the	Hogistore	a Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD								
	NTATION FL 33324		1	Street Add	fress (P.O. Box Number is Not Acce	ptable)		
PUN	MIATION FL 33324		la la	33				
1								
			1	B4 City		F	85 Zir	p Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statuti	es, the ab	ove-named cor	poration submits this statement for t	he purpose	of changing	its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such change was a	authorized	by the corpora	ation's board of directors. I hereby a	ccept the a	ppointment a	as registered
•	m fairmar with and accept the obliga	1018 OI, 3601011001.0303, FR	лиа ыаш	165.				
SIGNATURE	Signature, typed or printed name of registered ager	and title if applicable (NOT)	E: Registered	Agent signature requ	ilred when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO O	FFICERS A	ND DIRECTO	ORS IN 12
TITLE	PD	DELETE 11		.E			Change	e 🔲 Addition
NAME	SHARPS, PAUL			AE .				
STREET ADDRESS	425 STONEY BROOK DRIVE		1.9 STREET ADDRESS					
CITY-ST-ZIP	DANVILLE CA 94506	D PS/TYS		Y-ST-ZIP				
TITLE	VTD	DELETE. 211					Change	e L Addition
NAME	BUTLER, CAROLYN		2.2 NAME					
STREET ADDRESS	1960 GLENHAVEN AVENUE		2.3 STREET ADDRESS					
CITY-ST-ZIP	WALNUT CREEK CA 94595			Y-ST-ZIP	Change		e Addition	
TITLE	C DEFEIE		3.1 1176					2 AOOHIOH
NAME	BUTLER, PERRY 1960 GLENHAVEN AVENUE		3.2 NAME 3.3 STREET ADDRESS					
STREET ADDRESS	WALNUT CREEK CA 94595		1	ł				İ
CITY-ST-ZIP TITLE	WALIOT CHEEK OA 84383	DELETE	3.4. UII 4.1 1IIL	Y-ST-ZiP			Change	e Addition
NAME			4. 2 NA					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELETE	5.1 101				Change	e 🔲 Addition
NAME			5.2 NA	<b>A</b> E				
STREET ADDRESS			5.3 STR	EET ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE		DELETE	6.1 TITE	.E			☐ Change	e Addition
NAME			6.2 NA	NE ]				,
STREET ADDRESS			63 S1H	EET ADDRESS				
CITY-ST-ZIP				Y-S1-ZIP				· · · · · · · · · · · · · · · · · · ·
l informatio	by certify that the information supplied on indicated on this annual report or s	uantemental annual report is t	rue and a	ocurate and tha	at my signature shall have the same	legal effect	l as il made t	under oath: that
I am an o	fficer or director of the corporation	the receive of trustee empow	ered tere	cocute; this repo	ort as required by Chapter 607, Flori	ida Statutes	and that my	у пате