

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

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003804 (0)**

1. Corporation Name  
**DYNECO INTERNATIONAL, INC.**



Principal Place of Business <b>564 INTERNATIONAL PLACE ROCKLEDGE FL 32955</b>	Mailing Address <b>564 INTERNATIONAL PLACE ROCKLEDGE FL 32955-4200</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>08/07/1995</b>	3a. Date of Last Report <b>03/26/1996</b>
				4. FEI Number <b>41-1722003</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

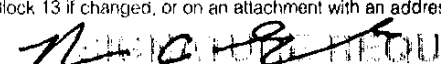
9. Name and Address of Current Registered Agent <b>EDWARDS, THOMAS C 564 INTERNATIONAL PLACE ROCKLEDGE FL 32955</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BESSER, RICHARD</b>	1.2 NAME	<b>Edwards, Thomas C</b>
STREET ADDRESS	<b>5-A SKIDAWAY VILLAGE, SUITE 137</b>	1.3 STREET ADDRESS	<b>1426 Gleneagles Way</b>
CITY-ST-ZIP	<b>SAVANNAH GA 31411</b>	1.4 CITY-ST-ZIP	<b>Rockledge, FL 32955</b>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EDWARDS, THOMAS C</b>	2.2 NAME	<b>Cole, Peter G.</b>
STREET ADDRESS	<b>1426 GLENEAGLES WAY</b>	2.3 STREET ADDRESS	<b>454 Villa Grande Ave., South</b>
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	2.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33707</b>
TITLE	VS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NELSON, RALPH</b>	3.2 NAME	<b>Holtgreive, Robert J.</b>
STREET ADDRESS	<b>242 ADELAIDE STREET</b>	3.3 STREET ADDRESS	<b>3925 36th Street N.W.</b>
CITY-ST-ZIP	<b>DEBARY FL</b>	3.4 CITY-ST-ZIP	<b>Canton, OH 44718</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONGREN, DENNIS</b>	4.2 NAME	
STREET ADDRESS	<b>4821 HIGHLAND RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MINNETONKA MN 55345</b>	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAMBORNINO, CHUCK</b>	5.2 NAME	
STREET ADDRESS	<b>500 WAYCLIFFE DRIVE, NORTH</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAYZATA MN</b>	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALBRAITH, RICHARD</b>	6.2 NAME	
STREET ADDRESS	<b>6228 SANDPIPER COURT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EDINA MN</b>	6.4 CITY-ST-ZIP	

14. I do 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:  **Thomas C. Edwards** 4/24/97 407/639-0333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0100677

CR2E034 (9/96)