

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90172 040 ***150.00

DOCUMENT # F97000004616

1. Corporation Name

GROUP DYNAMICS INC. OF ILLINOIS



Principal Place of Business

**5026 CAMBERLEY LANE
OLDSMAR FL 34677**

Mailing Address

**1821 WALDEN OFFICE SQ
SUITE 575
SCHAUMBURG IL 60173
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1997

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**MILLER, PAUL E
5026 CAMBERLEY LANE
OLDSMAR FL 34677**

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	P	<input type="checkbox"/> DELETE
NAME	MILLER, PAUL E	
STREET ADDRESS	5026 CAMBERLEY LANE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BECK, CHARLES	
STREET ADDRESS	1821 WALDEN OFFICE SQ. #575	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PATRIDGE, DELORES	
STREET ADDRESS	250 LAKE DRIVE S.	
CITY-ST-ZIP	ALGONQUIN IL 60102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECK, CHARLES B	
STREET ADDRESS	1821 WALDEN OFFICE SQUARE, #575	
CITY-ST-ZIP	SCHAUMBURG IL 60173	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECK, HOWARD W	
STREET ADDRESS	811 SW 171ST PLACE	
CITY-ST-ZIP	MICANNOPY FL 32667	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECK, STEPHEN C.	
STREET ADDRESS	1350 SUMMIT RD	
CITY-ST-ZIP	BERKELY CA 94708	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)