

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 8:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G97793 (5)
1. Corporation Name
PRODUCTION DYNAMICS INCORPORATED

Principal Place of Business
**10533 NE 3 CT
MIAMI SHORES FL 33138
US**

Mailing Address
**PO BOX 290658
DAVIE FL 33329-0658
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/05/1984** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2391634** 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

2. Principal Place of Business
21 **1249 NW 7 ST**
Suite, Apt. #, etc.
22
City & State
23 **BOCA RATON, FL**
Zip Country
24 **33486** 25 **PAUM BGN**
2a. Mailing Address
26 **P.O. Box 272920**
Suite, Apt. #, etc.
27
City & State
28 **BOCA RATON, FL**
Zip Country
29 **33427-2920** 30 **PAUM BGN**

9. Name and Address of Current Registered Agent

**POLLUCK, CAROLYN B
10533 NE 3 COURT
MIAMI SHORES FL 33138**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 **1249 NW 7 ST**
City **BOCA RATON** FL 85 Zip Code **33486**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POLLOCK, STEVEN
STREET ADDRESS	10533 NE 3 COURT
CITY - ST - ZIP	MIAMI SHORES FL
TITLE	STD
NAME	POLLOCK, CAROLYN B
STREET ADDRESS	10533 NE 3 CT
CITY - ST - ZIP	MIAMI SHORES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	

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: *Steven B. Pollock* **SECY/TRANS** **4/24/95** **407-395-3175**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Initials