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

FILED Mar 16 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0) DYNAMIC REPRESENTATIVES, INC. Principal Place of Business Mailing Address P O BOX 180939 NA 4230 5TH AVENUE N.W. P.O. DRAWER 180939 P.O. BOX 180939, N/A DO NOT WRITE IN THIS SPACE CASSELBERRY FL 32718 CASSELBERRY FL 32718 3. Date Incorporated or Qualified 02/21/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2501878 21 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. No. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 WHIGHAM, FRANK C. 200 WEST FIRST STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 22, SUN BANK BLDG 63 SANFORD FL 32771 84 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 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE NAME WEBB, JOHN 1.2 NAME 4230 5TH AVENUE N.W. STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE WEBB. REGINA H NAME 22 NAME 4230 5TH AVE NW STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP

14. 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 suppliemental argual 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

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Addition

407/668-8668 John Webb - JOHN WEBB SIGNATURE:

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP