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 AM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J42640 (9)

1. Corporate Name
DIENAMIC TOOL & ENGINEERING, INC.

Principal Office Address
1810 SW 7TH AVE
POMPANO BCH FL 33060
US

Mailing Address
1810 SW 7TH AVE
POMPANO BCH FL 33060
US

FOR OFFICE USE ONLY

3. Date Incorporated / Qualified: 11/14/1986
3a. Date of Last Report: 02/08/1994

2. Principal Office Address
21
Suite, Apt. # etc.
22
City, State
23
City
24
County
25

2a. Mailing Address
26
Suite, Apt. # etc.
27
City & State
28
City
29
County
30

4. FEI Number: 65-0025975
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. The corporation specifically elects to be governed by Section 607.0832, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
ANDERSON, DAVID
1921 NW 80TH AVE
MARGATE FL 33063

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. [illegible] the undersigned corporation submits the 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: [illegible]

12. OFFICERS AND DIRECTORS

TYPE	PD
NAME	ANDERSON, DAVID
STREET ADDRESS	1921 NW 80TH AVE
CITY, ST, ZIP	MARGATE FL
TYPE	VD
NAME	ANDERSON, BARBARA
STREET ADDRESS	1921 N.W. 80TH AVE.
CITY, ST, ZIP	MARGATE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

☐ Change ☐ Addition
TYPE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition
TYPE
NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

☐ Change ☐ Addition
TYPE
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I hereby certify that the information supplied with this report is accurately recorded and does not exceed, for the aggregate of shares issued, the authorized shares as stated in the articles of incorporation, Florida Statutes. I further certify that the corporation has complied with the annual report requirements of Section 607.0505, Florida Statutes, and that the name and address of the registered agent and office is accurately recorded.

SIGNATURE: [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGED OFFICER OR DIRECTOR

4/28/95

305-941-4420
TELEPHONE

0102044 CP