

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J46493 (9)  
1. Corporation Name  
DYNA SOFTWARE & CONSULTING, INC.

Principal Place of Business  
18401 US HIGHWAY 19 NORTH  
CLEARWATER FL 34624

Mailing Address  
18401 US HIGHWAY 19 NORTH  
CLEARWATER FL 34624



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/02/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2737525	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 18401 US HIGHWAY 19 N. Suite, Apt. #, etc. 22	2a. Mailing Address 26 18401 US HIGHWAY 19 N. Suite, Apt. #, etc. 27
23 City & State CLEARWATER, FL Zip 24 33764 Country 25 US	28 City & State CLEARWATER, FL Zip 29 33764 Country 30 US

9. Name and Address of Current Registered Agent BROWN, DWIGHT 18401 US HIGHWAY 19 NORTH CLEARWATER FL 34624	10. Name and Address of New Registered Agent 81 Name BROWN, DWIGHT 82 Street Address (P.O. Box Number is Not Acceptable) 18401 US HIGHWAY 19 N. 83 84 City CLEARWATER, FL 85 Zip Code 33764
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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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, DWIGHT 18401 US HIGHWAY 19 NORTH CLEARWATER FL 34624 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP BROWN, DWIGHT 18401 US Highway 19 N. CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, PATSY 18401 US HIGHWAY 19 NORTH CLEARWATER FL 34624 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D BROWN, PATSY 18401 US HIGHWAY 19 N. CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, JEFFREY 18401 US HIGHWAY 19 NORTH CLEARWATER FL 34624 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D WELLS, JEFFREY 18401 US HIGHWAY 19 N. CLEARWATER, FL 33764 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBERGER, ROBERT 424 BOSPHORUS TAMPA FL 33606 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	    400002307484--8 -09/30/97--01035--014 *****550.00 *****550.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	    9/29/26 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: D. S. B. MORHAM, SECRETARY OF STATE  
9-18-97 813-535-0333

CR2E034 (4/97)