


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

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Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90009 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J64162 ✓ (L)					
1. Corporation Name DYNABILT TECHNOLOGY INTERNATIONAL CORPORATION					
Principal Place of Business 1850 NE 144 STREET NORTH MIAMI, FL 33181			Mailing Address P.O. Box 610574 NORTH MIAMI, FL 33261		
2. Principal/Place of Business 21 1850 NE 144 Street Suite, Apt. #, etc. 22 City & State 23 NORTH MIAMI, FL Zip Country 24 33181 25		2a. Mailing Address 26 P.O. box 610574 Suite, Apt. #, etc. 27 City & State 28 NORTH MIAMI, FL Zip Country 29 33261 30		3. Date Incorporated or Qualified 3/27/1987 4. FEI Number 59-2798480 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent BADER, HAROLD 1850 NE 144 STREET NORTH MIAMI, FL 33181			10. Name and Address of New Registered Agent 81 Name BADER, HAROLD 82 Street Address (P.O. Box Number is Not Acceptable) 1850 NE 144 STREET 83 84 City NORTH MIAMI FL 85 Zip Code 33181		
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAROLD BADER	1.2 NAME			
STREET ADDRESS	1850 NE 144 STREET	1.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI, FL 33181 <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MYRNA BADER	3.2 NAME			
STREET ADDRESS	1850 NE 144 STREET	3.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI, FL 33181	3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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: Harold Bader VP HAROLD BADER 8/26/99 305-517-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)