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

**PROFIT** CORPORATION ANNUAL REPORT

1997



## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # K91351 NATIONAL DYNAMICS INC

(2)

Principa: Place of Business		
Principa: Place of Business	Mailing Address	
C/O GUY PULLEN 5760 SHIRLEY ST UNIT 1 NAPLES FL 33942	C/O GUY PULLEN 5760 SHIRLEY ST UNIT 1 NAPLES FL 34109-1820	

## **FILED** Apr 02 1997 8:00am Secretary of State

3. Date Incorporated or Qualified 38. Date of Last Report

								05/30/1989	03/19/1996		
2, Principal P	lace of Bus	ness Cy7nell	W.FD	2a. Mailing	Address C Y PA EX	lud's	BAST	4. FEI Number 58-1849953		<b>—</b>	oplied For ot Applicable
Suite, Apt	#, etc.		V-,		Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional equired
City & Stat	e PL EJ	FL	<u></u>	City &	State PLE 1	T /		6, Election Campaign Financing		\$5.00	May Be
23 <b>////</b> Zip	/ F LJ	Country		28 <b>// //</b> Zip	7 4 5 4	<b></b> F し Countr	· 'Y	Trust Fund Contribution  8. This corporation has liability for	intangible		to Fees
24 3411	Ö	25 U.S	. A.	29 34	// 0	30 U.	S. A.			] No	. 100.002
		e and Address	of Current	Registered A	gent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	gistered A	lgent	
	LEN, GUY					81	l Name				
		ST UNIT 1				82	2 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)		
NAP	LES FL 33	942				83	a				
							<u></u>				
						84	4 City		FL	85 Zip	Code
11. Pursuant	to the provi	sions of Soction	is 607.0502	and 607,1508	Florida Statu	tes, the above	ve-named corp	poration submits this statement for the p		changing i	ts registered
office or i	registered a	gent, or both, in with, and accept	n the State o	of Fiorida, Such	h change was	authorized b	by the corporat	ion's board of directors. I hereby acce	ot the appr	ointment as	registered
SIGNATURE	arti içirilindi. Y	m, on, occup	t the obliga	10113 01, CCO10	77 007 .0500, 17	O IOU O CAIO					
SIGNATURE	Signature, type	cler punted name of	registored agon	t and title if applicat	ik: (NO	IE: Registered Αρ	gent signature requir		DATE	***************************************	
12.	T. K	OFF	ICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	CERS AND		
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1.11.6	]				DELETE	61 TITLE				Change	Addition
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STREET ADDRESS						6.3 \$1RE	et address				
CITY - \$1 71P	<u> </u>		/	- A	<del></del>	6.4 CITY-					
14. I do here information I am an o apposars	ori mdicated officer or din in Block 12	i on this anguril ector of the darp or Block 13 if c	report or st pore fon or haveed, or	ipp/eme/it/il ar the recyliver or on an exachm	nnual report is trustee emport ent with an ad	true and acc wered to exe dress.	CLLEN	d in Section 119.07(3)(i), Florida Statute my signature shall have the same legit as required by Chapter 607, Florida statute	at effect as Statutes; ar	if made ur nd that my	nder oath; tha