PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M49896

ORGANIZ	ATION DYNAMICS INTER	NATIONAL, INC.						
Principal Place	of Business	Mailing Address					*	
3605 SOUTH OCEAN BLVD.			3605 SOUTH OCEAN BLVD.					
APT.208-B		APT.208-B	APT.208-B SOUTH PALM BEACH FL 33480			DO NOT WRITE IN THIS SPACE		
SOUTH PALM BEACH FL 33480		SOUTH FALM BENOTITE	SOUTH FALM DENOTITE SOUR			3. Date Incorporated or Qualifed		
• .		•	-			04/07/1987	· 	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	lied For
21	•	26				59-2789723		Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee Red	- 1
22			27			\$5.00	<u> </u>	
City & State) · · · · · · · · · · · · · · · · · · ·	City & State				6. Election Campaign Financing Trust Fund Contribution	Added to	· .
23	Country	Zip	Col	untry		8. This corporation owes the current year I	ntangible	
Zip	. Country	29	30	,		Personal Property Tax.	☐ Yes	□No .
24	9. Name and Address of Curre		1001	1		10. Name and Address of New Registere	d Agent	
	9. Maille allo Address Vi Curi	er i		81	Name			
COFF	PEN THOMAS			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
²³⁶⁰⁵	SOUTH OCEAN BLVD.	量品品类品品,1905年		62	Oticet Addi	1000 (1.0. Dex 100.00)		
APT.2	208-B	••		83	-			
	TH PALM BEACH FL 33480			84	City	5 3836 NO. 544 St. CO. 2515 CO. 344 CO. 2516 90 St.	85 Zip (ode
SOU				157	O.t.y	<u>_</u>	<u>L </u>	
	Mile resulting of Sections 607.0	502 and 607 1508. Florida Stati	utes, the	above	-named corp	poration submits this statement for the purpose	of changing its	registered
11. Pursuant to office or readent. If agent.	egistered agent, or both, in the Sta m familiar with, and accept the obli	gations of Section 607.0505, F	lorida Sta	atutes.		poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the property of the purpose of when reinstating)		
11. Pursuant to office or reagent. Far	egistered agent, or both, in the sta m familiar with, and accept the obli Signature, typed or printed name of registered a	gations of Section 607.0505, F	lorida Sta	atutes.			AND DIRECTO	PRS IN 12
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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.

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90010 024 ***150.00

561 533 0592.