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 May 26 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # M81764 (6)
 1. Corporation Name
 THE DYNAMIC ANDERSON CORPORATION



Principal Place of Business
 112 LEVY ROAD
 ATLANTIC BEACH FL 32233
 US

Mailing Address
 P.O. BOX 330674
 ATLANTIC BEACH FL 32233-0674
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 05/16/1988

4. FEI Number
 59-2882168

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. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
 21 113 LEVY ROAD
 Suite, Apt. #, etc.

2a. Mailing Address
 26
 Suite, Apt. #, etc.

22 City & State

23 City & State

24 Zip Country

25 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent
 ANDERSON, LAURIE M
 113 LEVY ROAD
 ATLANTIC BEACH FL 32233

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. 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	PCS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, LAURIE M	1.2 NAME	
STREET ADDRESS	P.O. BOX 330674 (N/A)	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BCH FL 32233	1.4 CITY-ST-ZIP	32233
TITLE	SVP <input type="checkbox"/> DELETE	2.1 TITLE	SRVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, THOMAS C	2.2 NAME	
STREET ADDRESS	PO BOX 330674 (N/A)	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	JRVP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, CERENA VAN	3.2 NAME	
STREET ADDRESS	P.O. BOX 330674 (N/A)	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BCH FL 32233	3.4 CITY-ST-ZIP	32233
TITLE	MS <input type="checkbox"/> DELETE	4.1 TITLE	MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEY, LONNIE M.	4.2 NAME	KEY, LONNIE M.
STREET ADDRESS	P.O. BOX 330674 N/A	4.3 STREET ADDRESS	P.O. BOX 330674 N/A
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	4.4 CITY-ST-ZIP	ATLANTIC BCH FL 32233
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.

SIGNATURE *[Handwritten Signature]*

CR2E034 (10/97)