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May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M81764 (6)
1. Corporation Name
THE DYNAMIC ANDERSON CORPORATION



Principal Place of Business 113 LEVY ROAD ATLANTIC BEACH FL 32233 US	Mailing Address P.O. BOX 330674 ATLANTIC BEACH FL 32233-0674 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 113 LEVY ROAD		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/16/1988	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2882168	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		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	

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	
85 Zip Code		FL	

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 PCS	NAME ANDERSON, LAURIE M	1.1 TITLE	1.2 NAME
STREET ADDRESS P.O. BOX 330674 (A)	CITY-ST-ZIP ATLANTIC BCH FL 32233	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE SVP	NAME ANDERSON, THOMAS C	2.1 TITLE	2.2 NAME
STREET ADDRESS PO BOX 330674 (A)	CITY-ST-ZIP ATLANTIC BEACH FL 32233	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE VP	NAME MITCHELL, CERENA VAN	3.1 TITLE	3.2 NAME
STREET ADDRESS P.O. BOX 330674 (A)	CITY-ST-ZIP ATLANTIC BCH FL 32233	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE MD	NAME KEY, LONNIE M.	4.1 TITLE	4.2 NAME
STREET ADDRESS PO BOX 330674 N/A	CITY-ST-ZIP ATLANTIC BEACH FL 32233	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	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 _____

CR2E034 (10/97)