

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N44978** (7)
1. Corporation Name
DYNAMIC BUSINESS NETWORK, INC.

Principal Place of Business: **4310 SHERIDAN ST. S-202 HOLLYWOOD FL 33021**
Mailing Address: **4310 SHERIDAN ST. S-202 HOLLYWOOD FL 33021**

APPROVED AND FILED
95 MAY -1 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business: **21**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**

2a. Mailing Address: **26**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/01/1991** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0284819** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**ANDRE S. BUTRON
4310 SHERIDAN ST.
SUITE 202
HOLLYWOOD FL 33021**

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 607.1608, 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

TITLE	D
NAME	POZIN, PHILIP
STREET ADDRESS	1040 NW 99 AVE
CITY - ST - ZIP	PEMBROKE PINES FL 33023
TITLE	SD BURTON
NAME	BURTON, ELLEN SUE
STREET ADDRESS	4310 SHERIDAN ST.
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	TD
NAME	CURRIE, SUZY
STREET ADDRESS	3508 SHERIDAN ST
CITY - ST - ZIP	HOLLYWOOD FL 33021
TITLE	PD
NAME	BURTON, ANDRE S.
STREET ADDRESS	4310 SHERIDAN ST.
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	VD
NAME	JOSEPH, ERIC
STREET ADDRESS	6000 SW 41 ST
CITY - ST - ZIP	DAVIE FL 33314
TITLE	D
NAME	GRABINA, RONA
STREET ADDRESS	4310 SHERIDAN ST.
CITY - ST - ZIP	HOLLYWOOD FL 33021

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1040 NW 99 AVE
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BURTON, ELLEN SUE
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BERNARD BURTON
3.3 STREET ADDRESS	4310 SHERIDAN ST.
3.4 CITY - ST - ZIP	HOLLYWOOD, FL 33021
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no number.

SIGNATURE: Andre S. Burton X 4/28/95 X 205-964-1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ANDRE S. BURTON