FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N44978

(7)

DYNAMIC BUSINESS NETWORK, INC.

Principal Place of Business Mailing Address						1 100 (10)	***	***********	#17 G/G// 100/
4310 SHERIDAN ST. 4310 SHERIDAN ST. 5-202 5-202									
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-3512						3. Date Incorporated or Qualified 08/01/1991 04/17/1996			
2. Principal Pr	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26			65-0284819			t Applicable	
Suite, Apt. 6	⊭, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State		City & State	28			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip Country		Zip	Country			8. This corporation has liability for in			. 199.032,
24	25 29 30		30		, <u>.</u>	1 1011000000000000000000000000000000000	Yes		
Name and Address of Current Registered Agent						10. Name and Address of New Rec	ilstered Ag	ent	
				81	Name				
ANDRE S 4310 SH			82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)			
SUITE 20			,	83					
	OOD FL 33021			84	City	***	<u>-</u>	85 Zip (Code
				0**	City		FL	63 2.10 C	JOGE
11. Pursuant to office or reagent. Lar	o the provisions of Sections 617.05 egistered agent, or both, in the State in familiar with, and accept the oblig	02 and 617.1508, Florida Statu e of Florida. Such change was pations of, Section 617.0503, F	tes, the a authorize lorida Sta	bove d by tutes	e-named corp the corporat s.	oration submits this statement for the pi ion's board of directors. I hereby accep	urpose of cl t the appoir	nanging it niment as	s registered registered
SIGNATURE									
Signature typed or printed name of registered agent and title if applicable. (NOTE: Re					ent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	NDCCTOR	OC IN AC
12.		ID DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC		Change	Addition
TITLE		victi	1.1 TITL				٠.	"I CHRINGO	L ADDITION
NAME ANDRES ANDRESS	POZIN, PHILIP 1040 NW 99 AVE			1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS	PEMBROKE PINES FL								
CITY-ST-7IP TITLE	SD SD	DELETE	2.1 T		ST-ZIP			Change	Addition
	Burton, Ellen Sue	C) OFFER	2.2 N				_	7 0.45.80	
NAME PROFEST ADDRESSE	4310 SHERIDAN ST.		1		ADDRESS				
STREET ADDRESS	HOLLYWOOD FL				ST-ZIP				
CITY-ST-ZIP TITLE	PD	DELETE	3,1 T		51-ZIP			Change	Addition
NAME	BERNARD BURTON		3.2 NAME				_		
STREET ADDRESS	4310 SHERIDAN ST.				ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL				ST-ZIP				
TITLE	TD TD			ITLE	V, 44			_ Change	Addition
NAME	BURTON, ANDRE S.		4.21					-	
STREET ADDRESS	4310 SHERIDAN ST.		4.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		4.4 CITY		l l				
TITLE	VD	DELETE	5.1 T					Change	Addition
NAME	JOSEPH, ERIC		5.2 N	AME					
STREET ADDRESS	6600 SW 41 ST		5.3 S	TREE1	ADDRESS	-			
CITY ST ZIP	DAVIE FL 33314		5.4 0	11Y - S	ST-ZIP				
TITLE	D	DELETE	6.1 T				L	Change	Addition
NAME	LEONE, LUCY		6.2 N	IAME					
STREET ADDRESS	4310 SHERIDAN ST.		6.3 S	TREET	T ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33021		6.40	3-Y1K	ST-ZIP				1

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 4

SNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

XX 3/87/97

FILED

Apr 11 1997 8:00am

Secretary of State

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Phone # 0001436