


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44978 (7)
1. Corporation Name
DYNAMIC BUSINESS NETWORK, INC.



Principal Place of Business 4310 SHERIDAN ST. 6-202 HOLLYWOOD FL 33021	Mailing Address 4310 SHERIDAN ST. S-202 HOLLYWOOD FL 33021
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3. Date Incorporated or Qualified 08/01/1991	
4. FEI Number 65-0284819	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**ANDRE S. BUTRON BURTON
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	POZIN, PHILIP	
STREET ADDRESS	1040 NW 99 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD PD	<input type="checkbox"/> DELETE
NAME	BURTON, ELLEN SUE	
STREET ADDRESS	4310 SHERIDAN ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	PD TD	<input type="checkbox"/> DELETE
NAME	BERNARD BURTON	
STREET ADDRESS	4310 SHERIDAN ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD SD	<input type="checkbox"/> DELETE
NAME	BURTON, ANDRE S.	
STREET ADDRESS	4310 SHERIDAN ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD D	<input type="checkbox"/> DELETE
NAME	JOSEPH, ERIC	
STREET ADDRESS	6600 SW 41 ST	
CITY-ST-ZIP	DAVE FL 33314	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONE, LUCY	
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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* X 3/04/98 X 954 961-1060

CR2E037 (10/97)