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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P36390 (3)

1. Corporation Name
DYNAMIC SYSTEMS SOUTHEASTERN, INC.



Principal Place of Business Mailing Address
635 SLATERS LANE 635 SLATERS LANE
ALEXANDRIA VA 22314 ALEXANDRIA VA 22314-1177

3. Date Incorporated or Qualified 11/22/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 52-1083850	Applied For Not Applicable
5. 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	
NAME	FLEISCHMANN, JOHN L.	1.2 NAME	
STREET ADDRESS	9492 CRESTHILL RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARSHALL VA 22115	1.4 CITY-ST-ZIP	
TITLE	CHAR	2.1 TITLE	
NAME	BENNET, DAVID H.	2.2 NAME	
STREET ADDRESS	10421 LAWYERS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	VIENNA VA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	EINZIG, ROBERT E.	3.2 NAME	
STREET ADDRESS	8724 EGGERT DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	KENASTON, GEORGE W.	4.2 NAME	
STREET ADDRESS	10604 CANTERBERRY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX STATION VA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: *Robert E. Einzig*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/96)