

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P93000004144 (0)**

1. Corporation Name  
**DYNNYSTYL, INC.**



Principal Place of Business  
**4010 BLUE SAGE PATH  
BOYNTON BEACH FL 33436  
US**

Mailing Address  
**PO BOX 4733  
BOYNTON BEACH FL 33424  
US**

3. Date Incorporated or Qualified <b>01/20/1993</b>	3a. Date of Last Report <b>01/25/1995</b>
4. FEI Number <b>65-0381871</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 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

**PAUL, DENNIS D  
4010 BLUE SAGE PATH  
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	<b>FL</b>

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	1.2 NAME	
CITY-ST-ZIP		1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	2.4 CITY-ST-ZIP	
CITY-ST-ZIP		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	3.2 NAME	
NAME	STREET ADDRESS	3.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	4.4 CITY-ST-ZIP	
NAME	STREET ADDRESS	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	NAME	6.2 NAME	
NAME	STREET ADDRESS	6.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP		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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: **DENNIS PAUL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/19/96**  
Date

**407/364-0765**  
Daytime Phone #

CR2E034 (12/95)