


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 22 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| DOCUMENT # P93000018784 (7) | | |
| 1. Corporation Name MARKET DYNAMICS GROUP, INC. | | |



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|---|---|
| Principal Place of Business 49 ALAFAYA WOODS BLVD. SUITE 335 OVIEDO FL 32765 | Mailing Address 49 ALAFAYA WOODS BLVD. SUITE 335 OVIEDO FL 32765 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|---|--|
| 2. Principal Place of Business 21 4731 NORTH A1A Suite, Apt. #, etc. 22 STE 228 City & State 23 VERO BEACH FL Zip 24 32963 | | 2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA | | 3. Date Incorporated or Qualified 03/03/1993 | |
| | | | | 4. FEI Number 59-3169732 | |
| | | | | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent DAMBRO, DAVID 784 LONG LAKE DR OVIEDO FL 32765 | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 855 ISLAND CLUB SQ | | | |
| | | | | 83 | | | |
| | | | | 84 City VERO BEACH FL FL 85 Zip Code 32963 | | | |

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 607.0509, Florida Statutes.

SIGNATURE David Dambro President DAVID DAMBRO 1/12/98
(NOTE: Registered Agent signature required when reinstating)

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE P <input type="checkbox"/> DELETE | | | | 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME DAMBRO, DAVID J | | | | 1.2 NAME | | | |
| STREET ADDRESS 49 ALAFAYA WOODS BLVD., #335 | | | | 1.3 STREET ADDRESS SAME AS ABOVE | | | |
| CITY-ST-ZIP OVIEDO FL | | | | 1.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 2.2 NAME | | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Dambro President 1/12/98 501-234-6685

CR2E034 (10/97)