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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

FILED

May 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000062410 (4)

MANAGEMENT DYNAMICS, INC.

Principal Place of Business Mailing Address 12962 SW 133 RD COURT 12962 SW 133 RD CT MIAMI FL 33186 MIAM! FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/02/1993 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 65-0441426 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 28 23 Country Z_{10} Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. TY Yes □ No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Sunc MITHOELL, MICHELE S 15211 SW 150TH STREET 82 MIAMI FL 33196-2855 83 84 City Zip Code 33196-2855 10m 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 agony 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 annihilate with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 Change Addition DELETE 1.1 TITLE TITLE synegal, Michele NAME SYNEGAL-MITCHELL, MICHELE 1.2 NAME 15211 SW 150 STREET 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE **GRACE, MARJORIE** 2 2 NAME STREET ADDRESS 7700 EDGEWATER DR 23 STREET ADDRESS CITY-ST-ZIP DAKLAND CA 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3 2 NAME STREET ADDRESS **3.3 STREET ADDRESS** 3 4. CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition 41 HILE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP DELETE Change ___ Addition 51 THILE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 of 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.