

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Landra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY '6 AM 11:00

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008568 (5)

1. Corporation Name
DYN-O-MAT, INC.

Principal Place of Business
**3950 RCA BLVD.
SUITE 5005
PALM BEACH GARDENS FL 33410**

Mailing Address
**3950 RCA BLVD.
SUITE 5005
PALM BEACH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/02/1994	3a. Date of Last Report
4. FET Number 65-0469651	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
6. Do corporations have liability for indebtedness under 220.002 Florida Statutes ☐ Yes ☐ No	

21. Principal Place of Business 1374 N. Killian Drive	26. Mailing Address 1374 N. Killian Dr
22. Suite, Apt. #, etc. Suite A	27. Suite, Apt. #, etc. Suite A
23. City & State Lake Park, Florida	28. City & State Lake Park, Florida
24. ZIP Code 33403	25. Country USA
29. ZIP Code 33403	30. Country USA

9. Name and Address of Current Registered Agent

**CORDANI, WILLIAM A
3950 RCA BLVD.
SUITE 5005
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	1374 N. Killian Drive
83. Suite, Apt. #, etc.	Suite A
84. City	Lake Park
85. State	FL
86. ZIP Code	33403

11. Pursuant to the provisions of Sections 220.001 and 220.002, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the registered agent or to the principal place of business. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am not providing any past or present principal place of business or registered office information.

SIGNATURE

Signature of Agent or Person in Charge of Agent's Office

Signature of Agent or Person in Charge of Agent's Office

DATE

12. OFFICER AND DIRECTOR		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	D CORDANI, ANNE	NAME	PRES. CORDANI, WILLIAM A.
STREET ADDRESS	13588 CROSS POINTE DR.	STREET ADDRESS	13588 CROSS POINTE DR.
CITY	PALM BEACH GARDENS FL 33418	CITY	PALM BEACH GARDENS, FL 33418
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 220.001, Florida Statutes. I further certify that the information is true and correct. The agent or person in charge of agent's office is not providing any past or present principal place of business or registered office information. I am not providing any past or present principal place of business or registered office information. I am not providing any past or present principal place of business or registered office information.

SIGNATURE: *William A. Cordani Pres.*
SIGNATURE AND TITLE OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

5/24/95 407-863-9113