FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 23 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 # P94000008568

1. Corporation Name
DYN-O-MAT INC.

Principal Place of Business
1374 N. KILLIAN DR.
LAKE PARK, FL 33403

Mailing Address
SAME

3. Date Incorporated or Qualified: FEB. 4, 1994
3a. Date of Last Report: 1993

2. Principal Place of Business
21 1374 N. KILLIAN DR.
22 Suite, Apt. #, etc. SUITE "A"
23 City & State: LAKE PARK, FL
24 Zip: 33403
25 Country: U.S.A.

2a. Mailing Address
26 1374 N. KILLIAN DR.
27 Suite, Apt. #, etc. SUITE "A"
28 City & State: LAKE PARK, FL.
29 Zip: 33403
30 Country: USA.

4. FEI Number: 650 040965 1 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PETER J. CORDANI
1374 N. KILLIAN DR
SUITE "A"
LAKE PARK, FL 33403

10. Name and Address of New Registered Agent

81 Name: PETER J. CORDANI
82 Street Address (P.O. Box Number is Not Acceptable): 1374 N. KILLIAN DR
83 SUITE "A"
84 City: LAKE PARK FL 85 Zip Code: 33403

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: X Peter J. Cordani 4/3/97
Type 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 / STREET ADDRESS / CITY-ST-ZIP	CEO PETER J. CORDANI ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CEO/PRES. PETER J. CORDANI 1374 N. KILLIAN DR-SUITE "A" LAKE PARK, FL. 33403 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V. PRES PETER J. CORDANI 1374 N. KILLIAN DR.-SUITE "A" LAKE PARK, FL 33403 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SEC PETER J. CORDANI 1374 N. KILLIAN DR. SUITE"A" LAKE PARK, FL. 33403 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TREASUER MICHAEL CORDANI 1374 N. KILLIAN DR. SUITE"A" LAKE PARK, FL 33403 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	400002154521 -04/25/97--01006--048 ***13.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	500002154525 -04/25/97--01006--047 ***165.00 ☐ Change ☐ Addition

4/23/97

CR2E034 (9/96)

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: X Peter J. Cordani 4/3/97 561-863-9113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #