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

**PROFIT** CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DYN-O-MAT, INC.

P94000008568 (5)

**FILED** Apr 09 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address							
1374 N. KILLIAN DR. 1374 N. KILLIAN DR.									
SUITE "A" SUITE "A"  LAKE PARK FL 33403 LAKE PARK FL 33403						DO NOT WRITE IN THI	S SPACE		
LANE FARR TE	CARE FAIR TE 30400				3. Date Incorporated or Qualified				
						02/02/1994			
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number		Apr	olied For
	1374 N. KILLIAN DR. 26 /374 N. KILL				R	65-0409651	ŀ		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						<u> </u>	\$8		dditional
22						5. Certificate of Status Desired		ee Red	
Oh. 9 State						6. Election Campaign Financing			May Be
23 MAKE PK. FL. 28 LAKE, PAR				K, FL		Trust Fund Contribution		dded to	
Zip	Country	Zip	Cour	itrv		8. This corporation owes or has paid the o	_		
24 <i>334</i>	03 25 USA	29 33403 3	30 6	VSA		Personal Property Tax due June 30.	Yes	_	No
	9. Name and Address of Current					10. Name and Address of New Registere	d Agent		
COR	rdani, peter j		ŀ	B1 Na	ne				
1374 N KILLIAN DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE "A"				82 Street Address (P.O. Box Number is Not Acceptable)					
LAKI	E PARK FL 33403		Į.	83					
			L.	0.4			Tort	7:- 0	
			l'	B4 City	,	F	<b>L</b>  85	Zip C	006
office or rec	distered agent, or both, in the State of	of Florida, Such change was au	ithorized	by the o	ed corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of chang	ging its ent as r	registered egistered
agent I am	familiar with, and accept the obligat	ions of, Section 607,0505, Flori	ida Statu	ites.			•		
SIGNATURE	gnature, typed or printed name of registered agen-	Land title if applicable (NOTE	Registered	Agent sign	ature require	ed when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS	N 12
TITLE	PCEO DELETE		1.1 TITLE				☐ Ch	ange	Addition
NAME	CORDANI, PETER J		1.2 NA	Æ	ı				
STREET ADDRESS	1374 N. KILLIAN DR-SUITE "A'	•	1.3 STR	EET ADDRE	ss				
CITY-ST-ZIP	LAKE PARK FL 33403		1.4 CIT	Y-ST-ZIP					
TITLE	VP	☐ DELETE	2.1 TITE	.E			☐ Ch	ange	Addition
NAME	CORDANI, PETER J		2.2 NA	ΑE	Ì				
STREET ADDRESS	1374 N. KILLIAN DR-SUITE "A'	•	2.3 STR	EET ADDRE	ss				
CITY-ST-ZIP	LAKE PARK FL 33403		2.4 00	Y-ST-ZIP					
TITLE	S	☐ DELETE	3.1 TITL			——————————————————————————————————————	Ch	ange	Addition
NAME	CORDANI, PETER J		3.2 NA	ΛE	- 1				
STREET ADDRESS	1374 N. KILLIAN DR-SUITE "A'		3.3 STR	EET ADDRE	ss				
CITY-ST-ZIP	LAKE PARK FL 33403			Y-ST-21P					
TITLE	<b>T</b>	DELETE	4.1 TITL		<del></del> -		Ch	ange	Addition
NAME	CORDANI, MICHAEL		4. 2 NA		Ì			-	
STREET ADDRESS	1374 N. KILLIAN DR-SUITE "A			EET ADDRE	ss				
CITY-ST-ZIP	LAKE PARK FL 33403			Y - ST - ZIP					
TITLE		DELETE	5.1 TITI		<u> </u>		☐ Ch	ange	Addition
NAME			5.2 NA		- [				
STREET ADDRESS				: Reet addre	ss				
CITY-ST-ZIP			1	Y-ST-ZIP					
TITLE		DELETE	6.1 TITL		_		☐ Ch	ange	Addition
NAME			6.2 NA					•	
STREET ADDRESS				eet addre	ec				
CITY-ST-ZIP				Y-ST-ZIP	~				
44   hereby co	rtify that the information supplied wit	h this filing does not qualify for	the ever	motion s	tated in s	Section 119.07(3)(i), Florida Statutes. I further	certify th	at the i	information
indicated or	n this annual report or supplemental	annual report is true and accur	rate and	that my	signatur	re shall have the same legal effect as if made pired by Chapter 607, Florida Statutes; and that	under oa	th tha	lam an
Block 12 or	rector of the corporation of the recei Block 13 if changed, or on an attact	ver or trustee empowered to ex hotent with an address #	Kacula II	na r <del>a</del> por	as requ	med by Chapter our, Florida Statutes; and the	u my nan	ue app	0015 #1