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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P94000014230 (4)

COPY DYNAMICS OF JACKSONVILLE, INC.

Principal Place of Business
11516 SAN JOSE BLVD #3

Mailing Address

11516 SAN JOSE BLVD #3 JACKSONVILLE FL 32223-7820

FILED Apr 29 1997 8:00am Secretary of State



UNUNDURVIL	TE LP OCCEO	SACKSONVILLE PL S	CCC3-182U		
				3. Date Incorporated or Qualified 02/17/1994	3a. Date of Last Report 04/25/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3227642	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	angible tax under s. 199.032,
24	25	[29]	30		Yes No
DE	 Name and Address of Currer REZ. WILLIAM 	it Registered Agent	81 Name	10. Name and Address of New Re	Jistered Agent
11	518 SAN JOSE BLVD. STE 3 CKSONVILLE FL 32223		82 Street / 1.5 83		74 3
office of re agent. I at SIGNATURE	egistered agont or both, in the State m tamilia with a d accept the oblig	of Florida. Such change wa ations of Section 607.0505	tules, the above-named as authorized by the corp Florida Statutes.	corporation submits this statement for the population's board of directors. I hereby acceptions	FL 32223 urpose of changing its registered of the appointment as registered
12.	Signature, typed or printed name of registered age		NOTE: Registered Agent signature		DATE
TITLE	PDC OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	
NAME	PEREZ, WILLIAM	⊯ Detete	111/1/15	PRESIDENT, D.C.	Change L Addition
STREET ADDRESS	11518 SAN JOSE BLVD. STE	3	1.2 NAME	MENCIA, RALPH LISIG SAN JOSE BLUD	41.3
	JACKSONVILLE FL 32223	• •	1.3 STREET ADDRESS		32223
CITY-ST-ZIP TITLE		DELETE	1.4 OTY - \$1 - 7IP 21 TITLE	JACKSONVICLE, FC.	
NAME	•	L. Milli			Change Addition
STREET ADDRESS			2.2 NAM(
			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - 7(P 3.1 1)(1)		Change Addition
NAME					· Change Addition
STREET ADDRESS			3.2 NAME		
			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	A	DELETE	3.4. CITY - ST - 7IP 4.1 T(1LF		Change
NAME			1		☐ Change ☐ Addition
STREET ADDRESS			4. 2 NAME		
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - 7IP 5.1 TITLE		Change Addition
NAME		[DELETE			Change Addition
			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T cucir	5.4 CITY-ST-7IP		
TITLE		ב] סנונזנ	61 1HLF		Change Addition
NAME CTOSET A DODGEO			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	ov certify that the information as made	d with this films does set	6.4 CHY-ST-ZIP	ated in Section 119.07(3)(i), Florida Statutes	16.4
Information	n indicated on t his annual report or s	supplemental annual report i The receiver or trustee emp	s true and accurate and owered to execute this re	that my signature shall have the same legat oport as required by Chapter 607, Florida St	affect as if made under eath, that