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

PROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1996			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			_		
DOCUM 1. Corporation N	IENT # P9	4000021	717 (1)					
	ANCE DYNAMICS,	INC.						
Principal Place of Business		Mailing Address					00H)	
18465 SPANISH ISLES PL BOCA RATON FL 33496		18465 SPANISH ISLES PL BOCA RATON FL 33496				,		
						3. Date Incorporated or Qualified	3a. Date of Last Re 05/01/199	
2. Principal Plac	ce of Business	2a. Ma	2a. Mailing Address			03/15/1994 4. FEI Number		Applied For
Suite, Apt. #,	etc.	26 Sui	Suite, Apt. #, etc.			65-0470993 5. Certificate of Status Desired		Not Applicable Additional
22		27	City & State			Gentificate of Status Desired Election Campaign Financing	ree	Required May Be
City & State		28	28			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032,		
Zip 24	Country 25	Z ip	<u> </u>	Country 30		Florida Statutes	s 💢 No	199.032,
	9. Name and Address	of Current Registere	d Agent	81	Name	10. Name and Address of New I	Registered Agent	
CORRADO	O, RICHARD			82	Street Addr	ess (P.O. Box Number is Not Acceptal	ble)	
	ANISH ISLES PL TON FL 33496	1		83				
BUCA KA	IUN FL 33490	1		84	City		FL 85 Zij	p Code
11. Pursuant to	the provisions of Section	is 607,0502 and 607,15	i08, Florida Statutes,	the above-r	named corpor	ration submits this statement for the pu	races of changing its r	registered office
or rogistoro	d agent, or both, in the Sin, and accept the obligation	tate of Honda, Such cha	anne was authorized	by the corp	oration's boa	rd of directors. I hereby accept the app	xointment as registered	ragent. ram
SIGNATURE _	Signature, typed or printeo name of i	registered agent and title if applic	atrie (NOTE	Registered Ager	nt signature require	id when reinstaling)	DATE	
12.		FICERS AND DIRECTO	RS DELETE	13. 1. 1 TITLE		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	DRS IN 12
TITLE NAME	D Corrado, Richar	<u> </u>		1.2 NAME			_	
STREET ADDRESS	18465 SPANISH ISL	.ES PL		1.3 STREET				
CITY-ST-ZIP	BOCA RATON FL 3	3496	DELETE	1.4 CiTY - 5 2 1 TITLE	ST-ZIP		☐ Change	Addition
NAME				2.2 NAME				ļ
STREET ADDRESS				2 3 STREET ADDRESS				1
CITY - ST - ZIP			DELETE	2.4 CITY - S 3 1 TITLE	ST-ZIP		☐ Change	☐ Addition
TITLE NAME			٠ بي	3.2 NAME				
STREET ADDRESS		•		3.3. STREE	T ADDRESS			
CITY-ST-ZIP			DELETE	3 4 CITY-1	ST - ZIP		Change	☐ Addition
TITLE NAME				42 NAME				
STREET ADDRESS				4.3 STREE	T ADDRESS			
CITY-ST-ZIP		<u> </u>	DELETE	4.4 CITY- 5 1 TITLE			☐ Change	☐ Addition
TITLE NAME		: 1	Dettie	5.2 NAME				
STREET ADDRESS				5.3 STREE	r address			
CITY-ST-ZIP				5.4 CITY-			Change	Addition
TITLE		; ;	☐ DELETE	6 1 TITLE 62 NAME			[] cuange	
NAME STREET ADORESS					T ADDRESS			
CITY OT 7ID			····	6.4 CITY-	ST-ZIP	7- N	0.07/21/LA Florida C+-1	the further
						for the exemption stated in Section 11 rate and that my signature shall have the record as required by Chapter 607.		
certify that the information indicated on this annual report or supplemental arinual report is indearly accurate and that my signature and that my agriculture for 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: SIGNATURE AND TWEE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR 4/15/94 (407) 487-4256								