

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

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May 09 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 # **P94000045688 (6)**
1. Corporation Name
DYNAMIC TECHNOLOGY SYSTEM, INC.

Principal Place of Business
**7503 MEGAN ELISSA LANE
ORLANDO FL 32819**

Mailing Address
**7503 MEGAN ELISSA LANE
ORLANDO FL 32819-7766**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/13/1994		3a. Date of Last Report 03/18/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3266976		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WANG, JOE 7503 MEGAN ELISSA LANE ORLANDO FL 32819				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

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		Signature, typed 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	P	WANG, JOE						1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME		7503 MEGAN ELISSA LANE						1.2 NAME							
STREET ADDRESS		ORLANDO FL						1.3 STREET ADDRESS							
CITY - ST - ZIP								1.4 CITY - ST - ZIP							
TITLE	D	HWANG, HWAY-SHONG						2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME		9245 SABAL PALM CIR.						2.2 NAME							
STREET ADDRESS		ORLANDO FL						2.3 STREET ADDRESS							
CITY - ST - ZIP								2.4 CITY - ST - ZIP							
TITLE	D	CHEN, SINDERAL						3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME		7503 MEGAN ELISSA LANE						3.2 NAME							
STREET ADDRESS		ORLANDO FL						3.3 STREET ADDRESS							
CITY - ST - ZIP								3.4 CITY - ST - ZIP							
TITLE	D	CHEN, PING						4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME		4040 ALDERGATE DR.						4.2 NAME							
STREET ADDRESS		WINTER SPGS FL						4.3 STREET ADDRESS							
CITY - ST - ZIP								4.4 CITY - ST - ZIP							
TITLE								5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								5.2 NAME							
STREET ADDRESS								5.3 STREET ADDRESS							
CITY - ST - ZIP								5.4 CITY - ST - ZIP							
TITLE								6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								6.2 NAME							
STREET ADDRESS								6.3 STREET ADDRESS							
CITY - ST - ZIP								6.4 CITY - ST - ZIP							

14. I do 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/97 407-354-3318

CR2E034 (9/96)