

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000013627 (1)**

1. Corporation Name

**PAYNE DYNAMICS, INCORPORATED**



Principal Place of Business

Mailing Address

**1291A SOUTH POWERLINE ROAD SUITE 270  
POMPANO BEACH FL 33065**

**1291A SOUTH POWERLINE ROAD SUITE 270  
POMPANO BEACH FL 33065**

3. Date Incorporated or Qualified

3a. Date of Last Report

**02/16/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. # etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

**33069**

25

29

**33069**

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENDERSON, JAMES M ESO  
ONE FINANCIAL PLAZA, SUITE 2020  
FT LAUDERDALE FL 33394**

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 new filing.)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
 NAME **PAYNE, JAMES R**  
 STREET ADDRESS **133 NW 78TH AVE.**  
 CITY - ST - ZIP **MARGATE FL 33063**

1.1 TITLE ☐ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY - ST - ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY - ST - ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jim Payne**

**7-9-96**

**(954)**

**764-2273**

CR2E034 (3/96)