

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000019523 (6)

1. Corporation Name
DINAMIX CO.



Principal Place of Business

1 PROGRESS BLVD.
ALACHUA FL 32615

Mailing Address

1 PROGRESS BLVD.
ALACHUA FL 32615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 640 Florida Central Pkwy
Suite, Apt. #, etc.
22 City & State
23 Longwood, FL
Zip
24 32750
Country
25 USA
2a. Mailing Address
26 200 E. Robinson Street
Suite, Apt. #, etc.
27 Suite 500
City & State
28 Orlando, FL
Zip
29 32801
Country
30 USA

3. Date Incorporated or Qualified

03/07/1995

4. FEI Number

59-3307400

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PORUMBESCU, MARY JULIE
7831 N.W. 51ST DRIVE
GAINESVILLE FL 32653

10. Name and Address of New Registered Agent

81 Name
Florida Corporate Support, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
200 E. Robinson Street, Suite 500
83
84 City
Orlando
85 Zip Code
FL 32801

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

Sandra B. Mortham, Secretary of State
Signature typed or printed name of registered agent and date of filing (NOTE: Registered Agent signature required when reinstating)

4/12/98
DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|------|------------------------|--------------------------------------|-------------------------------------|
| | P | ALEXANDERSCU, EUGENE | 1 PROGRESS BLVD BOX 38 ALACHUA FL | <input type="checkbox"/> |
| | S | PORUMBESCU, JULIE MARY | 1 PROGRESS BLVD BOX 37 ALACHUA FL | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|---------------------|---------------------------|-----------------------------|-------------------------------------|-------------------------------------|
| P/T/D | Eugene Alexandrescu | 4025 Boul Industriel #100 | Laval (Qc.) Canada H7L 4S3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| V/S | Barbara Jo Stanford | 12 Escondido Ct, #116 | Altamonte Springs, FL 32701 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

14. I 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: *Barbara Jo Stanford*

CP2E034 (10/97)