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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000019728 (1)

DYNAMO, INC.

FILED May 07 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address			s cantiame tra carat artis matte matte mute mutel mutel frutte until tunid tillet tabl
SARASOTA F US		3049 LOCKWOOD-≇ER SARASOTA FL 34231 US	3 757		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
<u> </u>			· · · · · · · · · · · · · · · · · · ·		03/09/1995
2. Principal P	lace of Business Plaint Lane	2a. Mailing Address 26 3/5/1 / 70	aici.	lane	4. FEI Number Applied For
Sulte, Apt.	<u>, </u>	26 3/5 # 60 Suite, Apt. #, etc.	-1776	an	65-0575183 Not Applicabl
22		27			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	e	City & State			Election Campaign Financing \$5.00 May Be
23	Country	28	Count		Trust Fund Contribution Added to Fees
Zip 24	Country	Zip	Counti	У	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
[24]	25] 9. Name and Address of Current	29 Segletered Agent	30		Personal Property Tax due June 30. New L No.
		. Hogistoroo Agoni	8	1 Name	
	HMIDT, KARL		L		
3 049 LOCKWOOD TERRA CE SARA S OTA FL 34231			8:	11	t Address (90). Box Number is Not Acceptable)
			8	3	
Í			8-	4 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida				ov the cord	d corporation submits this statement for the purpose of changing its registered irporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					
-	Signifiare, typed or printed name of registered agen OFFICERS AND	······································		ent signature	re required when reinstating) DATE
12.	D OFFICENS AND	DELETE	13. 1.1 TITLE	~ ~~~	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition
NAME	\$CHMIDT, KARL		1.2 NAME	,	Explained Explained
STREET ADDRESS	3649 LOCKWOOD TERRACE			ET ADDRESS	12/51 Draine Lane
CITY-ST-ZIP	\$ARASOTA FL		1.4 CITY-	מל זי	34721
TITLE	D	DELETE	2.1 TOTLE	31-21	Ma Change ☐ Addition
NAME	SCHMIDT, MARY		2.2 NAME	,	3/51 Prainie Lane 3/731 3/51 Prainie Lane 3/73)
STREET ADDRESS	3049 LOCKWOOD TERRACE			ET ADDRESS	3151 Maine Lor
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY	- ST - 7/P	347.3)
TITLE	D	DELETE	3.1 TITLE	- D1 211	Change Addition
NAME	WINDQUIST, CARL		3.2 NAME		
STREET ADDRESS	1849 BAYWOOD DRIVE		3.3 STREE	T ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231		3.4. CITY	- ST - 7IP	
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	ARMSTRONG, BRIAN	,,	4. 2 NAM	5	
STREET ADDRESS	4107 N PROSPECT AVE		4.3 STREE	T ADDRESS	
CITY-ST-ZIP	SHOREWOOD WI		4.4 CITY		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			5.4 CITY-	i i	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	

64.CITY-ST-ZIP

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 of chapter 607, Florida Statutes.