

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000051506 (0)**

1. Corporation Name

**FEDERAL DYNAMICS, INC.**



Principal Place of Business

Mailing Address

~~2400 COMMERCIAL BLVD.  
SUITE 711  
FORT LAUDERDALE FL 33308~~

~~2400 COMMERCIAL BLVD.  
SUITE 711  
FORT LAUDERDALE FL 33308~~

3. Date Incorporated or Qualified

3a. Date of Last Report

**06/30/1995**

2. Principal Place of Business

2a. Mailing Address

21 **PO Box 7165**

26 **PO Box 7165**

4. FEI Number

Applied For

**65-0593534**

Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23 City & State

28 City & State

**DELMAR BEACH FL**

**DELMAR BEACH FL**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

**33445**

**USA**

**33445**

**USA**

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, being a duly qualified 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 the date of signature

Name, Title, and Address of the person submitting the statement

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PG~~  DELETE

NAME ~~NEEDEL, NATHAN~~  
STREET ADDRESS ~~2400 COMMERCIAL BLVD., SUITE 711~~  
CITY-ST-ZIP ~~FORT LAUDERDALE FL 33308~~

TITLE ~~VT~~  DELETE

NAME ~~PAUL, ANDREW~~  
STREET ADDRESS ~~2400 COMMERCIAL BLVD., SUITE 711~~  
CITY-ST-ZIP ~~FORT LAUDERDALE FL 33308~~

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

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

*[Handwritten Signature]*  
DATE

**4-25-96**  
401-272-2000  
DATE/TIME

CR2E034 (12/95)