


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

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Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90012 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000055081					
1. Corporation Name DYNA TECHNOLOGIES, INC.					
Principal Place of Business 2753 STATE RD. 580, STE 112 CLEARWATER FL 34621			Mailing Address 2753 STATE RD. 580, STE 112 CLEARWATER FL 34621		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 890 NORTHERD WAY Suite, Apt. #, etc. 22 STE B-1 City & State 23 WINTER SPRINGS, FL Zip Country 24 32708 25		2a. Mailing Address 26 890 NORTHERD WAY Suite, Apt. #, etc. 27 STE B-1 City & State 28 WINTER SPRINGS, FL Zip Country 29 32708 30		3. Date Incorporated or Qualified 07/13/1995	
4. FEI Number 59-3325793		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent PAINTER, ALISON E 2753 STATE RD. 580, STE 112 CLEARWATER FL 34621			10. Name and Address of New Registered Agent 81 Name Howard Painter 82 Street Address (P.O. Box Number is Not Acceptable) 890 NORTHERD WAY 83 STE B-1 84 City WINTER SPRINGS FL 85 Zip Code 32708		
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 Howard E. Painter (Howard E. Painter) DATE 5/25/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DP <input type="checkbox"/> DELETE NAME PAINTER, HOWARD E STREET ADDRESS 2753 STATE RD. 580, STE 112 CITY-ST-ZIP CLEARWATER FL 34621			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 890 NORTHERD WAY STE B-1 1.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708		
TITLE DV <input checked="" type="checkbox"/> DELETE NAME PAINTER, PARKER R STREET ADDRESS 2753 STATE RD. 580, STE 112 CITY-ST-ZIP CLEARWATER FL 34621			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE DST <input checked="" type="checkbox"/> DELETE NAME PAINTER, ALISON E STREET ADDRESS 2753 STATE RD. 580, STE 112 CITY-ST-ZIP CLEARWATER FL 34621			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Howard E. Painter** **1/6/99** **(407) 359-1040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)