

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

FILED  
May 26 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 # P95000057360 (6)

1. Corporation Name  
DYNAMIO SYSTEMS GROUP, INC.



Principal Place of Business  
9000 W. SHERIDAN STREET  
SUITE 168  
PEMBROKE PINES FL 33024  
US

Mailing Address  
9000 W. SHERIDAN STREET  
SUITE 168  
PEMBROKE PINES FL 33024  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 8902 N. DALE MABRY HWY  
Suite, Apt. #, etc.  
22 Suite 103  
City & State  
23 TAMPA FL  
Zip  
24 33614  
Country  
25 US

2a. Mailing Address  
26 8902 N. DALE MABRY HWY  
Suite, Apt. #, etc.  
27 Suite 103  
City & State  
28 TAMPA FL  
Zip  
29 33614  
Country  
30 U.S.

3. Date Incorporated or Qualified  
07/25/1995

4. FEI Number  
65-0601977  
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

COHEN, STEVEN R P.A.  
9000 W. SHERIDAN STREET, SUITE 168  
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 *Candace E. Parks* DATE 5-18-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P PARKS, CANDACE E 9000 W SHERIDAN STREET, SUITE 168 PEMBROKE PINES FL	1.1 TITLE	P PARKS, CANDACE E 8902 N. DALE MABRY HWY #103 TAMPA, FL 33614
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V PARKS, CHARLES T 9000 W SHERIDAN STREET, SUITE 168 PEMBROKE PINES FL	2.1 TITLE	V PARKS, CHARLES T 8902 N. DALE MABRY HWY #103 TAMPA, FL 33614
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *Candace E. Parks* DATE 5-18-98

CR2E034 (10/97)