


Jan 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P95000085898 (1)</b>			
<b>1. Corporation Name</b> <b>DYNAMIC CONSULTING, INC.</b>			
<b>Principal Place of Business</b> <b>4401 W. KENNEDY BLVD., SUITE 150</b> <b>TAMPA FL 33609</b>		<b>Mailing Address</b> <b>4401 W. KENNEDY BLVD., SUITE 150</b> <b>TAMPA FL 33609-2000</b>	
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b> <i>4811 W. Cypress St</i>	<b>26</b> <i>4811 W. Cypress St</i>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>	<b>27</b>		
City & State		City & State	
<b>23</b> <i>Tampa FL</i>	<b>28</b> <i>Tampa FL</i>		
Zip		Zip	
<b>24</b> <i>33609</i>	<b>25</b> <i>USA</i>	<b>29</b> <i>33609</i>	<b>30</b> <i>USA</i>
<b>8. Name and Address of Current Registered Agent</b>			
<b>NELSON, G. MICHAEL</b> <b>4401 W. KENNEDY BLVD., SUITE 150</b> <b>TAMPA FL 33609</b>			<b>81</b> Name
			<b>82</b> Street Address
			<b>83</b>
			<b>84</b> City <i>T</i>
<b>11.</b> Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.			
<b>SIGNATURE:</b> <i>[Signature]</i> <small>(NOTE: Registered Agent signature required)</small>			
<b>12. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> DELETE	<b>13.</b>
<b>NAME</b>	<b>NELSON, G. MICHAEL</b>		<b>1.1</b> TITLE
<b>STREET ADDRESS</b>	<b>4401 W. KENNEDY BLVD., SUITE 150</b>		<b>1.2</b> NAME
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33609</b>		<b>1.3</b> STREET ADDRESS
<b>TITLE</b>	<i>D. Pres</i>	<input type="checkbox"/> DELETE	<b>1.4</b> CITY-ST-ZIP
<b>NAME</b>	<i>Louis Mende</i>		<b>2.1</b> TITLE
<b>STREET ADDRESS</b>	<i>4811 W Cypress St</i>		<b>2.2</b> NAME
<b>CITY-ST-ZIP</b>	<i>Tampa FL 33609</i>		<b>2.3</b> STREET ADDRESS
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>2.4</b> CITY-ST-ZIP
<b>NAME</b>			<b>3.1</b> TITLE
<b>STREET ADDRESS</b>			<b>3.2</b> NAME
<b>CITY-ST-ZIP</b>			<b>3.3</b> STREET ADDRESS
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>3.4</b> CITY-ST-ZIP
<b>NAME</b>			<b>4.1</b> TITLE
<b>STREET ADDRESS</b>			<b>4.2</b> NAME
<b>CITY-ST-ZIP</b>			<b>4.3</b> STREET ADDRESS
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>4.4</b> CITY-ST-ZIP
<b>NAME</b>			<b>5.1</b> TITLE
<b>STREET ADDRESS</b>			<b>5.2</b> NAME
<b>CITY-ST-ZIP</b>			<b>5.3</b> STREET ADDRESS
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>5.4</b> CITY-ST-ZIP
<b>NAME</b>			<b>6.1</b> TITLE
<b>STREET ADDRESS</b>			<b>6.2</b> NAME
<b>CITY-ST-ZIP</b>			<b>6.3</b> STREET ADDRESS
<b>TITLE</b>		<input type="checkbox"/> DELETE	<b>6.4</b> CITY-ST-ZIP
<b>14.</b> I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
<b>SIGNATURE:</b> <i>[Signature]</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			