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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085898 (1)

DYNAMIC CONSULTING, INC.

Principal Place of Business

Mailing Address

4401 W. KENNEDY BLVD., SUITE 150.

4401 W. KENNEDY BLVD., SUITE 150 TAMPA FL 33609-2000

FILED Jan 23 1997 8:00am Secretary of State



TAMPA FL 3360	09	TAMPA FL 33609-2000				
				3. Date Incorporated or Qualified 11/08/1995	3e. Date of Last 07/08/1996	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
21 48/	1 U. Cypress St		Cypress	<u>/</u> 59-3351351		Not Applicable
Suite, Apt		Suité, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
City & State	mps Fl.	City & State 28 TAMPO	Fl.	Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip 3366	[23]	Zip 33/09	Country 30		Yes 🗹 No	s. 199.032,
	9. Name and Address of Current	Registered Agent	10. Name and Address of New Registered Agent			
4401	son, G. Michael I W. Kennedy Blvd., Suite 150 Pa Fl 33609			ress (P.O. Box Number is Not Acceptable 487) U. Lipuss		erde/
			83 84 City	Louis Mende	FL 85 Z	25°609
agent. I a SiGNATURE	in familiar and accept the obligation and accept the obligation of	ons of, Section 607,0505, Flo	rida Statutes. Registered Agent signature requ		DATE DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	NELCON O MICHAEL	DELETE	1,1 TITLE		☐ Chang	e L. Addition
NAME	NELSON, G. MICHAEL 4401 W. KENNEDY BLVD., SUITI	E 160	1,2 NAME			
STREET ADDRESS	TAMPA FL 33609	L 130	1.3 STREET ADDRESS			
CHTY - ST - ZIP		DELETE	1.4 City-ST-ZIP 2.1 Title		Chang	e Addition
NAME	D. Pres Behde		2.2 NAME			
STREET ADDRESS	48 1 1 1 1 1 1		2 3 STREET ADDRESS			
CITY - ST - ZIP	Lovis Mende/ 4811 w Cypich Sh Janpa Rt 336	05	2 4 CITY - ST - ZIP			
TITLE	131.72	DELETE	3 1 TITLE		☐ Chang	e Addition
NAME			32 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY ST-ZIP		Locurto	3 4. CITY - ST - ZIP		Chan	Addition
TITLE		☐ DELETE	4.1 TITLE		Chang	e 🔲 Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Chang	e Addition
NAME		- · · ·	5.2 NAME		_	
STREET ADDRESS			5.9 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Chang	e Addition
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
City-St-ZiP			6.4 CITY-ST-ZIP			

14. If do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF GIONNING OFFICER OR DIRECTOR

1.15-57

283-17) 6 Daytime Phone #