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FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000006029 (8)

1. Corporation Name

SOLUTION DYNAMICS CORPORATION

Principal Place of Business

2241 STAGGERBUSH DRIVE  
JACKSONVILLE FL 32223

Mailing Address

PO BOX 33040  
JACKSONVILLE FL 32241-9040

3. Date Incorporated or Qualified

01/19/1996

3a. Date of Last Report

2. Principal Place of Business

21 2970 HARTLEY ROAD

22 Suite, Apt. #, etc.

22 SUITE 301

23 City & State

23 JACKSONVILLE FL

24 Zip

24 32257

25 Country

25 FL

2a. Mailing Address

26 2970 HARTLEY ROAD

27 Suite, Apt. #, etc.

27 SUITE 301

28 City & State

28 JACKSONVILLE FL

29 Zip

29 32257

30 Country

30 FL

4. FEI Number

59-3352124

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

TRAYSER, DAVID L  
2241 STAGGERBUSH DR  
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

*David L. Trayser*

DAVID L. TRAYSER

4/22/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME TRAYSER, DAVID L  
STREET ADDRESS 2241 STAGGERBUSH DRIVE  
CITY- ST- ZIP JACKSONVILLE FL 32223

TITLE VSD ☐ DELETE

NAME PRESKI, JOHN M  
STREET ADDRESS 11382 BEECHER CIRCLE EAST  
CITY- ST- ZIP JACKSONVILLE FL 32223

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

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0037810

CR2E034 (9/96)