

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

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 32241-3040**

3. Date Incorporated or Qualified
01/19/1996

3a. Date of Last Report

21. Principal Place of Business
2970 HARTLEY ROAD

22. Suite, Apt. #, etc.
SUITE 301

23. City & State
JACKSONVILLE FL

24. Zip
32257

25. Country
FLORIDA

26. Mailing Address
2970 HARTLEY ROAD

27. Suite, Apt. #, etc.
SUITE 301

28. City & State
JACKSONVILLE FL

29. Zip
32257

30. Country
FLORIDA

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

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** DATE **4/22/97**

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	TRAYSER, DAVID L	
STREET ADDRESS	2241 STAGGERBUSH DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	PRESKI, JOHN M	
STREET ADDRESS	11382 BEECHER CIRCLE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 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	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 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: *David L. Trayser* DATE: **4/22/97** DAYTIME PHONE #: **904-880-8001**

CR2E034 (9/96)