## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Sep 03 1997 8:00am Secretary of State

| DOCUMENT #       | P96000010364 | (3) |
|------------------|--------------|-----|
| CATADVAIE CODDOE | DATION       |     |

| DOCU<br>1. Corpora    | JMENT # P96000   | )010364 (3)  |   |  |   |
|-----------------------|--|--|---|--|---|
|                       | DYNE CORPORATION   |  |   | i il il i i i i i i i i i i i i i i i i  | Billi lakar dugun iliga dalah kada laga |
|                       |  |  |   |  |   |
| Principal Pl          | ace of Business  | Mailing Address  |   | e inneinner ein inift alleit abeit nasit Abitt fin   | isas clait Estão brito divil Blat 1881  |
|                       | ERLAND PLACE<br>ON FL 33428  | 10141 UMBERLAND PLA<br>BOCA RATON FL 33428                   |   | 3  |   |
|                       | 5.1  |  |   | JO NOT WRITE IN 1  |   |
|                       |  | ·.   |   | 3. Date incorporated or Qualified 3 02/01/1996   | Ba. Date of Last Report                 |
| 2. Principa           | Place of Business  | 2a. Mailing Address  |   | 4. FEI Number  | Applied For                             |
| 21                    |  | 26   |   | 11-3071481   | Not Applicable                          |
| Suite, Ap             | ot. #, etc.  | Suite, Apt. #, etc.  |   | 5. Certificate of Status Desired   | \$8.75 Additional                       |
| 22                    |  | 27   |   | 57 Commodition of Status Desired   | Fee Required                            |
| City & S              | tate   | City & State   |   | 6. Election Campaign Financing   | \$5.00 May Be                           |
| 23                    |  | 28   | T 6   | Trust Fund Contribution  | Added to Fees                           |
| Zip                   | Country  | Zip  | Country                                       | 8. This corporation owes or has paid the   | ne current year Intangible<br>□ No      |
| 24                    | 9. Name and Address of Current   | 29 Registered Agent  | 30  | Personal Property Tax due June 30.  10. Name and Address of New Register  10. Personal Property Tax due June 30. |   |
|                       |  | riogisterou Agont  | 81 Name                                       | 71. 12. 12. 12. 12. 12. 12. 12. 12. 12. 1  | orod Agent                              |
|                       | Considine, Joseph M<br>101 Clematis Street   |  |   |  | 211                                     |
|                       | SUITE 200  |  | 82 Street Add                                 | ress (P.O. Box Number is Not Acceptable)   | > PL.                                   |
| W PALM BEACH FL 33401 |  |  |   |  |   |
| 1                     |  |  | 84 City                                       | ra Paras   | FL 85 Zio Code / 26                     |
| 11. Pursua            | nt to the provisions of Sections 607.0502  | and 607.1508, Florida Statu                                  | ites, the above-named cor                     | poration submits this statement for the purpo  | ose of changing its registered          |
| office o              | or registered agent, or both, in the State of<br>I am familiar wife, and accept the obliga | of Florida. Such change was<br>Jions of, Section 607.0505, F | authorized by the corpora<br>lorida Statutes. | ition's board of directors. I hereby accept the  | e appointment as registered             |
| SIGNATUR              |  |  | <u> </u>                                      |  | 8/28 47                                 |
| 12.                   | Signature, typod or printed name of registered aged<br>OFFICERS AND                        |  | TE Registered Agent signature requi           | ADDITIONS/CHANGES TO OFFICERS  | S AND DIDECTORS IN 12                   |
| TITLE                 | D  | DELETE   | 1.1 TITLE                                     | ADDITIONS/OF IARGES TO OFFICE IN   | Change Addition                         |
| NAME                  | CATAN, ROBERT S  |  | 1.2 NAME                                      |  |   |
| STREET ADDRES         | N. 46444 LIMPERIAMS DI 40C   |  | 1.3 STREET ADDRESS                            |  |   |
| CITY-ST-ZIP           | BOCA RATON FL 33428  |  | 1.4 CHY-SI-ZIP                                |  |   |
| TITLE                 | D  | ☐ DELE1E   | 2.1 TILE                                      |  | ☐ Change ☐ Addition                     |
| NAME                  | CATAN, JUDITH A  |  | 2.2 NAME                                      |  |   |
| STREET ADDRES         | s % 10141 UMBERLAND PLACE  |  | 2.3 STREET ADDRESS                            |  |   |
| CITY-ST-ZIP           | BOCA RATON FL 33428  |  | 2. 4 CITY-ST-ZIP                              |  |   |
| TITLE                 |  | <b>D</b> DELETE  | 3.1 TITLE                                     |  | Change Addition                         |
| NAME                  |  |  | 3.2 NAME                                      |  |   |
| STREET ADDRES         | ss   |  | 3.3 STREFT ADDRESS                            |  |   |
| CITY-ST-ZIP           |  |  | 3.4. CITY-S1-2(P                              |  |   |
| TITLE                 |  | ☐ DELETE   | 4.1 TITLE                                     | •  | Change  Addition                        |
| NAME                  |  |  | 4. 2 NAME                                     |  |   |
| STREET ADDRES         | is   |  | 4.3 STREET ADDRESS                            |  |   |
| CITY-ST-ZIP           |  |  | 4.4 CITY-ST-7IP                               |  |   |
| TITLE                 |  | ☐ DELETE   | 5.4 TITLE                                     |  | Change Addition                         |
| NAME                  |  |  | 52 NAME                                       |  |   |
| STREET ADDRES         | s [  |  | 5 3 STREET ADDRESS                            |  |   |
| CITY-ST-ZIP           |  |  | 5.4 City-St-ZiP                               |  | Towns Table                             |
| TITLE                 |  | ☐ DELETE   | 6.1 TITLE                                     |  | Change Addition                         |
| NAME                  |  |  | 6.2 NAME                                      |  |   |
| STREET ADORES         | 6S   |  | 6.3 STREET ADDRESS                            |  |   |

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 logal 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.