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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000021296 (4)

DYNAMIC DISTRIBUTIONS, INC.

FILED Apr 15 1997 8:00am Secretary of State

) <del>i den</del> en la compaño de la

Principal Place of Business Mailing Address								
8601 LYONS BLVD. SUITE F-4 COCONUT CREEK FL 33073		6801 LYONS BLVD. SUITE F-4 COCONUT CREEK FL 33073-3622						
					3. Date Incorporated or Qualified 03/06/1996	3a. Date o	of Last Report	
2. Principal Place of Business		2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	4, FEI Number		Applied For
21		26				65-0646104	+	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required		
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		<b>\$5.00</b> May Be Added to Fees
	Country 25	Zipi [29]	9 30		8. This corporation has liability for intangible tax under s. 199.032, Horida Statutes Yes \[ \sum \cap \cap \cap \cap \cap \cap \cap \cap			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
WILLIAMS, WILI	LIAM B			81	Namo			
6601 LYONS BLVD. SUITE F-4			82	Street Address (P.O. Box Number is Not Acceptable)				
COCONUT CREEK FL 33073			83					
				84	City		FL <sup>8</sup>	5 Zip Code
				r			- <del>-</del> 1	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Horida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NO\*) Felostered Agent signature required whererenstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DETER Change Addition TITLE 1.1.11914 WILLIAMS, WILLIAM B NAME 1400 GRASSLANDS BLVD STREET ADDRESS 1.3 STREET ADORESS LAKELAND FL 33803 CITY-ST-ZIP 1.4 CHY-S1-201 DELFIE Change TITLE 2.1 TILLE Addition WILLIAMS, DENISE NAME 2.2 NAME 1400 GRASSLANDS BLVD STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL 33803 CITY-ST-ZIP 2 4 CITY - \$1 - 20 DOLLETE TITLE 3.1 101.6 \_\_\_ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STRULL ADDRESS CITY-ST-ZIP DELETE Change Addition TITLE 4.1 Tilul NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-\$1-7IP DELETE Addition TITLE 5.1 THE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS City-ST-ZIP 5.4 CITY-ST-7<sub>4</sub>P DELETE Change Addition TITLE 6.1 TITLE NAME G 2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 outby 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 of the address.