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FILED  
Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000032634

1. Corporation Name

DYNAMIX SOFTWARE SYSTEMS, INC.

Principal Place of Business

Mailing Address

8201 VIA BELLA \*  
BOCA RATON, FL  
33496

8201 VIA BELLA \*  
BOCA RATON, FL  
33496

3. Date Incorporated or Qualified

4/24/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

65-0668095

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

10. Name and Address of New Registered Agent

MASON, KIRK ANTHONY \*  
8201 VIA BELLA  
BOCA RATON, FL 33496

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

KIRK MASON

(Signature typed or printed name of registered agent and title if applicable)

(Not a registered agent signature required when reinstating)

4/15/97

12. OFFICERS AND DIRECTORS

☐ DELETE

1 NAME  
D MASON, KIRK ANTHONY \*  
2 STREET ADDRESS  
8201 VIA BELLA  
3 CITY-STATE-ZIP  
BOCA RATON, FL 33496

☐ DELETE

4 NAME  
5 STREET ADDRESS  
6 CITY-STATE-ZIP

☐ DELETE

7 NAME  
8 STREET ADDRESS  
9 CITY-STATE-ZIP

☐ DELETE

10 NAME  
11 STREET ADDRESS  
12 CITY-STATE-ZIP

☐ DELETE

13 NAME  
14 STREET ADDRESS  
15 CITY-STATE-ZIP

☐ DELETE

16 NAME  
17 STREET ADDRESS  
18 CITY-STATE-ZIP

☐ DELETE

19 NAME  
20 STREET ADDRESS  
21 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

☐ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

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 contained 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 on 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

4/15/97

Daytime Phone

561-451-2003

CR2E034 (9/96)