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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90228 005 ***150.00

DOCUMENT # P9600032634

1. Corporation DYNAMI	n Name X SOFTWARE S	YSTEMS, IN	C.					
Principal Place	e of Business		Mailing Address				WILL GOLDS	
8201 VIA BELL			8201 VIA BELLA			1		
BOCA RATON FL 33496 BOCA RATON FL 33496								
						DO NOT WRITE	IN TH S SPACE	
						3. Date Incorporated or Qualifed		
						04/10/1996	······································	
2. Principal Place of Business			2a. Mailing Address	allow Mus	_	4. FEI Number		Applied For
21 /073		MSE DU		CHIBE DUCK		65-0668095		Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	, , ,	Additional Recuired
City & S at	g RATON,	FL	City & State 28 ROCA RATON.	FL 3349	8	6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zipazz	Cour	try	Zip	Country		8. This ocrporation owes the current	year Intangible	
24 JS77	25 0	(SH	29 35178	30 654		Personal Property Tax.	☐ Yes	IZNo
	9. Name and Add	ress of Current	Registered Agent	81 Name		10. Name and Address of New Reg	istered Agent	
8201	GON, KIRK A I VIA BELLA CA RATON FL 3349	6		83	 83	iss (F.O. Box, Number is Not Acceptable	ZWE.	
				84 City	1300	CA RATON	FL 85 3	34/98
11. Pursuant office crr agent. a	to the provisions of S egistered agent, or b m familiar with	ctions 607.0502 b, in the State c copt the obligati	and 607.1508, Florida Statut f Florida. Such change was a ons of, Section 607.0505, Flo	es, the above-named uthorized by the corp rida Statutes.	CC CDO	oration submi s this statement for the pun's board of directors. I hereby accept the	rpose of changing he appointment as	its registered registered
SIGNATURE	Signature, typed or printed na	ne of registered agent	and little if applicable. (NOT	: Registered Agent signature	required	when reinstating)	DATE	
12.		OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	TORS IN 12
TITLE	P		☐ DELETE	1.1 TITLE	Γ		4 Chang	e 🗌 Addition
NAME	MASON, KIRK A			1.2 NAME		-11	2011	
STREET ADDRESS				1.3 STREET ADDRESS	10	0782 MAINE CHAS	ELVIOR	
CITY-ST-ZIP	BOCA RATON FI	33496		1.4 CITY-ST-ZIP	13	0782 NAPLE CHASE OCA ROTTON, FL 3	3478	
TITLE			☐ DELETE	2.1 TITLE			☐ Chang	e Addition
NAME	1			22 NAME				Í
STREET ADDRESS				2.3 STREET ADDRESS				
CITY-ST-ZIP				2. 4 CITY-ST-ZIP	ŀ			
TITLE	-		☐ DELETE	3.1 TITLE			☐ Chang	e
NAME				3.2 NAME				1
STREET ADDRESS				3.3 STREET ADDRESS				}
CITY-ST-ZIP	-			3.4. CITY-ST-ZIP		<u></u>		
TITLE		· -	☐ DELETE	4.1 TITLE	I^-		☐ Chang	e Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET ADDRESS				}
CITY-ST-ZIP				4.4 CITY-ST-ZIP				
TITLE			DELETE	5.1 TITLE	Ι —		Chang	e 🔲 Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 unside empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name apps ars in Block 12 or Block 13 if change I, or on an attact with an address, with all other like empowered.

5.2 NAME

61 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDR :SS

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

DELETE

56/8/80886

Change

☐ Addition