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FILED

Apr 08 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 # P96000036750 (3)

1. Corporation Name

DYNATECH ASSOCIATES, INC.

Principal Place of Business

518 OLD OAK CIRCLE
PALM HARBOR FL 34683

Mailing Address

518 OLD OAK CIRCLE
PALM HARBOR FL 34683-5868



3. Date Incorporated or Qualified

04/29/1996

3a. Date of Last Report

4. FEI Number

59-3389233

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

2. Principal Place of Business

21 4500 140th AVE N.

Suite, Apt. #, etc.

22 SUITE 115

City & State

23 CLEARWATER FLA

Zip

24 34622

Country

25 PINELLAS

2a. Mailing Address

26 4500 140th AVE N.

Suite, Apt. #, etc.

27 SUITE 115

City & State

28 CLEARWATER FLA

Zip

29 34622

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

ZSCHUA, JULIUS J
911 CHESTNUT STREET
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MORTENSEN, CHARLES E JR
STREET ADDRESS 518 OLD OAK CIRCLE
CITY - ST - ZIP PALM HARBOR FL 34683

TITLE D ☒ DELETE
NAME MORTENSEN, CHARLES E
STREET ADDRESS 518 OLD OAK CIRCLE
CITY - ST - ZIP PALM HARBOR FL 34683

TITLE D ☐ DELETE
NAME SWICK, CARLTON R
STREET ADDRESS 518 OLD OAK CIRCLE
CITY - ST - ZIP PALM HARBOR FL 34683

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
RESIGNED AS OFFICER OF VICE PRESIDENT AND DIRECTOR

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 bona fide officer 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:

SIGNATURE REQUIRED

4/2/97

813-530-0818

CR2E034 (9/96)