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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000074831 (4)

DYNAMIC RESPONSE, INC.

Principal Piace of Business Mailing Address

## **FILED** May 02 1997 8:00am Secretary of State



1703 STAYSAIL DRIVE VALRICO FL 33594		1703 STAYSAIL ORIVE VALRICO FL 33594-4434							
					3. Date Incorporated or Qualified 3a. Date of Last Report 09/05/1996 N/A				
2. Principal Place of E	Business	2s. Mailing Addre	ss			4. FEI Number			pplied For
21		26			·				ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, 6	etc.			6. Certificate of Status Desired			Additional lequired
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Z <sub>1</sub> p     Country     Z <sub>1</sub> p       24     25     29					y	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No			
9. N	ame and Address of Curi	rent Registered Agent		1_	<del></del>	10. Name and Address of New Re	gistered /	tgent	<del></del>
HOLT, TER				81	Name				
451 MELRO WINTER PA		82 Street Address (P.O. Box Number is Not Acceptable)							
				83					
				64	City		FL	<b>85</b> Zip	Code
office or registere agent. I am family	ed agent, or both, in the Stans with, and accept the ob	ate of Florida. Such chang ligations of, Section 607.0	e was authorize 505, Florida Sta	ed b atute	y the corpores.	rporation submits this statement for the pation's board of directors. I hereby acception with the patients of	ot the app	ointment as	registered
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12
THILE Pres	sident	☐ DEL	ETE 1.1	FITLE				Change	Addition
NAME Edi	and Aborn III	 ب	1,21	NAME					
STREET ADORESS 170	3 staysail Dr		1.3 3	STREE	T ADDRESS				
CITY-ST-ZIP Ja	sident Oard Aborn III 3 staysail Dr Urico, 74, 33	35794			ST-ZIP				
TITLE	•	☐ DEL	I '	TITLE	-			Change	Addition
NAME				NAME	1				
STREET ADDRESS					T ADDRESS				
CITY - ST - ZIP		DEL		CHY- TITLE	·ST-ZIP			Change	Addition
NAME				NAME					
STREET ADDRESS			1		T ADDRESS				
CITY - ST - ZIF					ST-ZIP				
TITLE		DEL		TITLE				Change	☐ Addition
NAME			4.2	NAME					
STREET ADDRESS			4.3	STREE	T ADDRESS				
CHTY: ST-ZiF					SY-ZIP			<del></del>	
TALE		☐ DEL		TITLE	ì			Change	Addition
NAME				NAME					
STREET ADORESS					TADDRESS				
CITY ST-ZIF		T hr			ST-ZIP			Chane	Addis:
TITLE		☐ DEL	B C	TITLE	1			Change	Addition
NAME				NAME					
STREET ADDRESS					T ADDRESS				
CHY-ST-78			64	CITY-	ST-7IP				

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 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.

Edward Aborn II