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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000040553 (4)

DYNAN GROUP, INC.

FILED Apr 10 1998 8:00am Secretary of State



| · | | | | | |
|--|--|---------------------|--|--|---|
| Principal Plac | ce of Business | Mailing Address | | | ist arfitt übtar öttür atrüß tett imåt |
| 2425 N.W. 162ND STREET POST OFFICE BOX 2743 NEWBERRY FL 32669 GAINESVILLE FL 32601 | | | | | |
| | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualified | |
| | | | | 05/07/1997 | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 200 N.E. First Street | | 26 P.O. Box 2743 | | 59-3144235 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 N/A | | 27 N/A | | | Fee Required |
| City & State 23 Gainesville, Florida | | City & State | 1 2.1 | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Gaines Zip | Country | Zip Gainesville | Country | Trust Fund Contribution | Added to Fees |
| · · | <u>├</u> | F-1 F | - | This corporation owes or has paid the Personal Property Tax due June 30. | e current year Intangible Yes \tauNo |
| 24 32601 | 25 Alachua 9. Name and Address of Curre | | 30 Alachua | 10. Name and Address of New Register | |
| A.M | JLDOWNEY, LORNA K | | 81 Name | 10, | |
| 2425 N.W. 162ND STREET | | | | | |
| | WBERRY FL 32669 | | 82 Street Add | iress (P.O. Box Number is Not Acceptable) | |
| 1116 | INDENTITY I'C OEGOD | | B3 | | |
| | | | | | |
| | | | 84 City | | FL 85 Zip Code |
| agent. I a SIGNATURE | am lamiliar with, and accept the obli- | | ricla Statutes. | ition's board of directors. I hereby accept the | VIĘ. |
| 12. | | ND DIRECTORS | T 13. | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 |
| TITLE | PS | DELETE | 11100 | | ☐ Change ☐ Addition |
| NAME | MULDOWNEY, GERALD A | • | 1.2 NAME | | |
| STREET ADDRESS | 2425 N.W. 162ND STREET | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEWBERRY FL 32669 | | 1.4 CITY - ST- ZIP | | |
| TITLE | VPT | ☐ DELETE | 21 TITLE | | Change Addition |
| NAME | MULDOWNEY, LORNA K | | 2.2 NAME | | |
| STREET ADDRESS | 2425 N.W. 182ND STREET | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEWBERRY FL 32669 | | 2 4 CITY - S1 - 7IP | | |
| TETLE | } | DELETE. | 3.1 Title | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY - \$1 - ZIP | 1 | | | | |
| | | T DELETE | 3.4 C(TY-\$1-7IP | | Change I Addition |
| TITLE | | ☐ DELETE | 41 TITLE | | Change Addition |
| NAME | | DELETE | 4.1 TITLE 4.2 NAME | | Change Addition |
| NAME STREET ADDRESS | | ☐ DELETE | 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS | | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | | 4 1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | | ☐ DELETE | 4 1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP 5.1 TITLE | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST-ZIP 5.1 TITLE 5.2 NAME | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | 4 1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4 4 CITY - ST- ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS | | |
| NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP | | DELÉTE | 4 1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4 4 CITY - ST- ZIP 5 1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP | | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | 4 1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4 4 CITY - ST- ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST- ZIP 6 1 TITLE | | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | DELÉTE | 4 1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4 4 CHY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5.4 CHY-ST-ZIP 6 1 TITLE 6 2 NAME | | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | DELÉTE | 4 1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4 4 CITY - ST- ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST- ZIP 6 1 TITLE | | Change Addition |

14. Hereby certify that the information supplied with this filling 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 eath; 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 second an attachment with an address.

SIGNATURE:

Jame K. Weldowner U.P.

4/7/98 (352) 378-151