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

P97000064270 (6) DOCUMENT #

SUCCESS DYNAMICS, INC.

Principal Place of Business Mailing Address 455 SW 60TH AVE. 455 SW 60TH AVE. PLANTATION FL \$3317 PLANTATION FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/23/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-076510. 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TEETS, F. DAVID JR. 81 455 SW BOTH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33317** 83 84 33317 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named coffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporagent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. submits this statement for the purpose of changing its registered pard of directors. I hereby accept the appointment as registered SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE TILLE 1.1 TITLE Change Addition **ERDLEE**, ALAN NAME 1.2 NAM8 C/O 455 SW 60TH AVE STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL 33317** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELFTE TITLE 2.1 TITLE Change Addition NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CHY-\$1-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAMI STREET ADDRESS 33 STHEFT ADDRESS CITY-ST-ZiP 34. CHY-ST-ZIP DELETE TITLE 41 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELFTE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY- \$1 - ZIP DELETE Change TITLE **6 1 1)** TLE Addition

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 eath; that I am an officer or director of the corporation or the receiver or trustee employated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of changed, or on an alto the more appears.

6.2 NAME

63 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

*****1**50.10

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FILED

Jun 23 1998 8:00am

Secretary of State