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 # P9700065722 (5)

GROUP DYNAMICS, INC.

FILED Apr 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
4658 NW 22 STREET 4658 NW 22 STREET						
COCONUT CREEK FL 33063		COCONUT CREEK I	FL 330 63			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
5 5			 			07/28/1997
2. Principal I	Place of Business	2a. Mailing Address	-			4. FEI Number Applied For
Suite, Apt. #, etc.		Suite Apt # etc	Suite, Apt #, etc.			S8.75 Additional
22		27				6. Certificate of Status Desired Fee Required
City & Stat	te	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23	28		- 1			Trust Fund Contribution Added to Fees
Zip 24	Country	Zip	<u> </u>	Country		8. This corporation owes or has paid the current year Intangible
24	[25] g. Name and Address of Curre	29 29 Agent	[30]	Γ		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	FUHRMAN, NATALIE	· · · · · · · · · · · · · · · · · · ·		81	Name	
4658 NW 22 STREET				82 Street Address (P.O. Box Number is Not Acceptable)		
	COCONUT CREEK FL 33063				011001710	to box realities is recopiable)
				83		
				84	City	85 Zip Code
44 Duramant	to the area isian at Control COT OF	00 4 007 41 00				FL
agent I s	am familiar with, and accept the oblig					orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
12.		VD DIRECTORS	NOTE Hogistered	d Age	nt signature rec	oquired when reinstelling: DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 10	TLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	FUHRMAN, NATALIE		1.2 NA	AME		
STREET ADDRESS	TOTAL TITLE CHILDE		1.3 ST	HEET	ADDRESS	
CITY-S1-ZIP	COCONUT CREEK FL 330				T-ZIP	
TITLE			2.1 Til			Change Maddilion
NAME STREET ADDRESS			2.2 NA		40,000,00	
CITY-ST-ZIP				2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 717)(-Z)r	☐ Change ☐ Addition
NAME			3.2 NA	ME		·
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP		- Decree	3.4. CI		T-ZIP	
TITLE NAME		DELETE	4.1 117			Change Addition
STREET ADDRESS			4.2 N/		ADDRESS	
CITY-ST-ZIP			4.4 GD			
TIPLE		DELETE	5 1 TIT		1 - 2/1	☐ Change ☐ Addition
NAME			5.2 NA	ME		- _
STREET ADDRESS			5 3 ST	REET	ADDRESS	
CITY-ST-ZIP			5 4 CII		1-2IP	
TITLE		DELETE	6 1 TIT			Change Addition
NAME			62 NA		ŀ	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	Certify that the information survived in	with this filling done not qualify	6.4 Cit			in Section 119 07(3Vi). Florida Statutes. I further certify that the information

14. Inefeby certify that the information supplied with this filing does not quality 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 recorder 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 appellment with an address.

SIGNATURE: Notaliet Lehman Pres. Natalie Folimon Pra. 4/2/98 954970-8802