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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000072892**

1. Corporation Name

DYNAMICLIGHT, INC.

						-					
Principal Place of Business Mailing Address											
130 WISTERIA DRIVE 130 WISTERIA DRIVE											
LONGWOOD FL	. 32779	LONGWOOD FL 32779				DO NOT WRITE IN THIS SPACE					
						3	Date Incorporated or Qualifed			}	
						1	08/21/1997			}	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For]	
21		26					59-3470163		Not Applicable]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5	Certificate of Status Desired	of Status Desired S8.75 Additional Fee Required			
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be					
23		28	28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	intry		8	This corporation owes the current year I				
24	25	29	30				Personal Property Tax.	Yes	□No	4	
	9. Name and Address of Current	t Registered Agent				10	Name and Address of New Registere	l Agent		-	
	APAC 3400 (1884			81	Name						
MOORE, WILLIAM 130 WISTERIA DRIVE				82	Street Address (P.O. Box Number is Not Acceptable)				- 2.1	1	
									4		
LUN	GWOOD FL 32779			83							
				84	City		F	85 Zi	p Code		
) office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State or rn familiar with, and accept the obligati	of Florida, Such change was a	utnonzed	עסנ	the corporation	on's b	n submits this statement for the purpose o oard of directors. I hereby accept the app	ointment as	registered		
SIGNATURE	Signature, typed or printed name of registered agent		Registered	Agen	t signature required	d when				√ <u>@</u>	
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFICERS A			CR2E034 (11/98)	
TITLE	D DELETE			TLE				[] Chang	e	=	
NAME	MOORE, WILLIAM			1.2 NAME						8	
STREET ADDRESS	130 WISTERIA DRIVE		1.3 STREET ADDRESS							円	
CITY-ST-ZIP	LONGWOOD FL 32779		_	TY-S	T-ZIP			C7 Chong	e Addition	4 8	
TITLE	DELETE			2.1 TITLE			•	Chang	e 🗀 yaanion	_	
NAME			2.2 N	AME							
STREET ADDRESS					FADDRESS					1	
CITY-ST-ZIP		□ oc: cre	_		T-ZIP			Chang	e Addition	1	
TITLE		DELETE	3.1 <u>.Tl</u>	_				C) Violing		-	
NAME			3.2 N								
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		□ DELETE	3.4. CI DELETE 4.1 TII		TIF			[] Chang	e	1	
TITLE		المريداد	4.11 4.2 N						_		
NAME					ADDRESS						
STREET ADDRESS					†						
CITY-ST-ZIP		☐ DELETÉ	4.4 C 5.1 TI	ITY-S	1+211			Chang	e Addition	7	
TITLE		ריו הברבוב	5.1 ft 5.2 N					9			
NAME					T ADDRESS						
STREET ADDRESS			0.5 5	- NEC						1	

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 oath; that I am an officer or director of the corporation of 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90173 024 ***150.00

Change

Addition