CO	PROFIT RPORATION UAL REPORT <b>1998</b>	Sandra Secret	RTMENT OF STATE B. Mortham ary of Stale CORPORATIONS	Apr 28 199 Secretary	
DYNAM Principal Plac	MIC BRACING OF PO	Mailing Address	)		
4311 MAHOG WINTER HAV	PAN( HUN EN FL 33884	4311 MAHOGANY RUN WINTER HAVEN FL 338	84	DO NOT WRITE IN THI 3. Date Incorporated or Qualified	IS SPACE
2. Principal F	Place of Business	2a. Mailing Address		11/24/1997 4. FEI Number	And the state
		arking 26 3538 Water	Field Parkway	59-3485561	Applied For Not Applicabl
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	y	5. Certificate of Status Desired	\$8.75 Additional
2 City & Stat	le	27 City & State		6. Election Campaign Financing	Fee Required
1Lar	eland, FL	28 Lakela		Trust Fund Contribution	\$5.00 May Be Added to Fees
zip ] <b>3380</b>	3-970425 US	A 29 38 803-9704	Country	<ol> <li>This corporation owes or has paid the c Personal Property Tax due June 30.</li> </ol>	current year Intangible
		of Current Registered Agent		10. Name and Address of New Registere	
	LSON, GARY P		81 Name		
	11 MAHOGANY RUN NTER HAVEN FL 33884		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
•••			83		
			84 City		85 Zip Code
				F	
1. Pursuant	to the provisions of Sections	-607.0502 arid 607.1508. Florida Statu	les, the above-named corr	poration submits this statement for the purpose	of changing its registered
office or r agent. La	to the provisions of Sections registered agent, or both, in t im familiar with, and accent t	607.0502 and 607.1508, Florida Statu the State of Florida. Such change was the obligations of, Spection 307.0598, F	iles, the above-named corr authorized by the corporation of the corpor	poration submits this statement for the purpose ton's board of directors. I hereby accept the a	of changing its registered
II. Pursuant office or r agent. La SIGNATURE	·······································	anz f.	U IX	poration submits this statement for the purpose yon's board of directors. I hereby accept the ap	of changing its registered ppointment as registered H/22/1998
	Signature, typed or printed name of reg	anz f.	les, the above-named corporation of the state of the state of the second state of the	poration submits this statement for the purpose yon's board of directors. I hereby accept the ap	of changing its registered ppointment as registered H/22/1998
SIGNATURE 2. ITLE	Signature, typed or printed nume of rac OFFIC	gistered ages and the it applicable (NO	15: Registered Agent signature requi	poration submits this statement for the purpose ion's board of directors. I hereby accept the a ACPIC ired when reinstating) DATE	of changing its registered ppointment as registered H/22/1998
BIGNATURE 2. ITLE AME	Signature: typed or printed name offer OFFIC D WILSON, GARY P	ERS AND DIRECTORS	12: Redistored Agont signature requi 13. 1.1 TITLE 1.2 NAME	poration submits this statement for the purpose ion's board of directors. I hereby accept the a ACPIC ired when reinstating) DATE	of changing its registere ppointment as registered H/22/1998 ND DIRECTORS IN 12
SIGNATURE 2. ITLE AME TREET ADDRESS	Signature, typed or printed nume of rac OFFIC		15: Registered Agent signature requi	poration submits this statement for the purpose ion's board of directors. I hereby accept the a ACPIC ired when reinstating) DATE	of changing its registere ppointment as registered H/22/1998 ND DIRECTORS IN 12
BIGNATURE 2. TLE AME TREET ADDRESS ITY-ST-ZIP TLE	Signature, typed or printed name offer OFFIC WILSON, GARY P 4311 MAHOGANY RU		11: Rodistored Agont signature requi 13: 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	poration submits this statement for the purpose ion's board of directors. I hereby accept the a ACPIC ired when reinstating) DATE	of changing its registere ppointment as registered H/22/1998 ND DIRECTORS IN 12 Change Additio
EIGNATURE 2. TLE AME IREET ADORESS ITY-ST-ZIP TLE AME	Signature, typed or printed name offer OFFIC WILSON, GARY P 4311 MAHOGANY RU	interest again for title it appendiate (NO ERS INTE DIRECTORS	11: Rodistored Agont signature requi 13: 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	poration submits this statement for the purpose ion's board of directors. I hereby accept the a ACPIC ired when reinstating) DATE	of changing its registered ppointment as registered H/22/1998 ND DIRECTORS IN 12 Change Additio
IGNATURE 2. TILE IREET ADORESS ITY-ST-ZIP TILE AME IREET ADDRESS	Signature, typed or printed name offer OFFIC WILSON, GARY P 4311 MAHOGANY RU	interest again for title it appendiate (NO ERS INTE DIRECTORS	11: Rodistored Agont signature requi         13:         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY - ST - ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS	poration submits this statement for the purpose ion's board of directors. I hereby accept the a ACPIC ired when reinstating) DATE	of changing its registered ppointment as registered H/22/1998 ND DIRECTORS IN 12 Change Additio
BIGNATURE 2. ITLE AME IREET ADORESS ITY-ST-ZIP IREET ADDRESS ITY-ST-ZIP	Signature, typed or printed name offer OFFIC WILSON, GARY P 4311 MAHOGANY RU	interest again for title it appendiate (NO ERS INTE DIRECTORS	11: Rodistored Agont signature requi 13: 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	poration submits this statement for the purpose ion's board of directors. I hereby accept the a ACPIC ired when reinstating) DATE	of changing its registered ppointment as registered H/L2/1998 ND DIRECTORS IN 12 Change Additio
BIGNATURE 2. ITLE AME TREET ADDRESS ITY-ST-ZIP TLE AME ITY-ST-ZIP TLE AME AME	Signature, typed or printed name offer OFFIC WILSON, GARY P 4311 MAHOGANY RU	Deferred ages of title if applicable (NO SERS AND DIRECTORS DELETE N 38884 DELETE	11: Rogistored Agont signature requi         13:         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         2.2 NAME         3.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME	poration submits this statement for the purpose ion's board of directors. I hereby accept the a ACPIC ired when reinstating) DATE	of changing its registered ppointment as registered H/22/1998 ND DIRECTORS IN 12 Change Addition
DIGNATURE 2. TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE UME TLE TLE TLE TLE TLE TLE TLE TLE TLE TL	Signature, typed or printed name offer OFFIC WILSON, GARY P 4311 MAHOGANY RU	Deferred ages of title if applicable (NO SERS AND DIRECTORS DELETE N 38884 DELETE	11: Rogistored Agont signature requi         13:         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS	poration submits this statement for the purpose ion's board of directors. I hereby accept the a ACPIC ired when reinstating) DATE	of changing its registered ppointment as registered H/22/1998 ND DIRECTORS IN 12 Change Additio
IGNATURE 2. TLE AME IREET ADDRESS TY-ST-ZIP TLE IREET ADDRESS TY-ST-ZIP ILE IREET ADDRESS TY-ST-ZIP IREET ADDRESS TY-ST-ZIP	Signature, typed or printed name offer OFFIC WILSON, GARY P 4311 MAHOGANY RU	Deferred ages of title if applicable (NO SERS AND DIRECTORS DELETE N 38884 DELETE	11: Rogistored Agont signature requi         13:         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         2.2 NAME         3.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME	poration submits this statement for the purpose ion's board of directors. I hereby accept the a ACPIC ired when reinstating) DATE	of changing its registered ppointment as registered H/L2/1998 ND DIRECTORS IN 12 Change Additio
SIGNATURE 2. ITLE AME TREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS ITY-ST-ZIP TLE AME AME AME	Signature, typed or printed name offer OFFIC WILSON, GARY P 4311 MAHOGANY RU	CERS AND DIRECTORS  DELETE  N  S884  DELETE	11: Rogistored Agont signature requi         13:         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         3.4 CITY-ST-ZIP	poration submits this statement for the purpose ion's board of directors. I hereby accept the a ACPIC ired when reinstating) DATE	of changing its registered ppointment as registered H/L2/1998 ND DIRECTORS IN 12 Change Additio
IGNATURE 2. TLE IREET ADDRESS TY-ST-ZIP TLE IME IREET ADDRESS TY-ST-ZIP TLE IME IREET ADDRESS TY-ST-ZIP TLE IME IREET ADDRESS REET ADDRESS	Signature, typed or printed name offer OFFIC WILSON, GARY P 4311 MAHOGANY RU	CERS AND DIRECTORS  DELETE  N  S884  DELETE	11:         Frequencies           13:         1.1           1.2         NAME           1.3         STREET ADDRESS           1.4         CITY-ST-ZIP           2.1         TITLE           2.2         NAME           2.3         STREET ADDRESS           2.4         CITY-ST-ZIP           3.1         TITLE           3.2         NAME           3.3         STREET ADDRESS           2.4         CITY-ST-ZIP           3.1         TITLE           3.2         NAME           3.3         STREET ADDRESS           3.4         CITY-ST-ZIP           4.1         TITLE           4.2         NAME           4.3         STREET ADDRESS           3.4         CITY-ST-ZIP	poration submits this statement for the purpose ion's board of directors. I hereby accept the a ACPIC ired when reinstating) DATE	of changing its registered pointment as registered H/L2/1998 ND DIRECTORS IN 12 Change Additio
CALL CALL CALL CALL CALL CALL CALL CALL	Signature, typed or printed name offer OFFIC WILSON, GARY P 4311 MAHOGANY RU	CONTRACTORS CONTR	11:         Registered Agent signature requirements           13:         1.1 TITLE           1.2 NAME         1.3 STREET ADDRESS           1.4 CITY-ST-ZIP         2.1 TITLE           2.1 NITLE         2.2 NAME           2.3 STREET ADDRESS         2.4 CITY-ST-ZIP           3.1 TITLE         3.2 NAME           3.3 STREET ADDRESS         3.4 CITY-ST-ZIP           3.1 TITLE         3.2 NAME           3.3 STREET ADDRESS         3.4 CITY-ST-ZIP           4.1 TITLE         4.2 NAME           4.3 STREET ADDRESS         4.4 CITY-ST-ZIP	poration submits this statement for the purpose ion's board of directors. I hereby accept the a ACPIC ired when reinstating) DATE	of changing its registered         ppointment as registered         #/22/1998         ND DIRECTORS IN 12         Change       Additio         Change       Additio         Change       Additio         Change       Additio         Change       Additio
DIGNATURE 2. TLE AME TREET ADDRESS TTY-ST-ZIP TLE MME TREET ADDRESS TY-ST-ZIP TLE MME TY-ST-ZIP TLE TLE TLE TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS	Signature, typed or printed name offer OFFIC WILSON, GARY P 4311 MAHOGANY RU	CERS AND DIRECTORS  DELETE  N  S884  DELETE	11:         Frequencies           13:         1.1           1.2         NAME           1.3         STREET ADDRESS           1.4         CITY-ST-ZIP           2.1         TITLE           2.2         NAME           2.3         STREET ADDRESS           2.4         CITY-ST-ZIP           3.1         TITLE           3.2         NAME           3.3         STREET ADDRESS           2.4         CITY-ST-ZIP           3.1         TITLE           3.2         NAME           3.3         STREET ADDRESS           3.4         CITY-ST-ZIP           4.1         TITLE           4.2         NAME           4.3         STREET ADDRESS           3.4         CITY-ST-ZIP	poration submits this statement for the purpose ion's board of directors. I hereby accept the a ACPIC ired when reinstating) DATE	of changing its registered         ppointment as registered         #/22/1998         ND DIRECTORS IN 12         Change       Additio         Change       Additio         Change       Additio         Change       Additio         Change       Additio
DIGNATURE 2. TLE AME TREET ADDRESS TY-ST-ZIP TLE WE TY-ST-ZIP TLE WE TY-ST-ZIP TLE WE TY-ST-ZIP TLE WE TREET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS TY-ST-ZIP TLE WE REET ADDRESS	Signature, typed or printed name offer OFFIC WILSON, GARY P 4311 MAHOGANY RU	CONTRACTORS CONTR	11:         Frequencies           13:         1.1           1.1         1.1           1.2         NAME           1.3         STREET ADDRESS           1.4         CITY-ST-ZIP           2.1         TITLE           2.2         NAME           2.3         STREET ADDRESS           2.4         CITY-ST-ZIP           3.1         TITLE           3.2         NAME           3.3         STREET ADDRESS           3.4         CITY-ST-ZIP           3.1         TITLE           3.2         NAME           3.3         STREET ADDRESS           3.4         CITY-ST-ZIP           4.1         TITLE           4.2         NAME           4.3         STREET ADDRESS           4.4         CITY-ST-ZIP           5.1         TITLE	poration submits this statement for the purpose ion's board of directors. I hereby accept the a ACPIC ired when reinstating) DATE	of changing its registered         ppointment as registered         #/22/1998         ND DIRECTORS IN 12         Change       Additio         Change       Additio         Change       Additio         Change       Additio         Change       Additio
SIGNATURE 2. ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME IREET ADDRESS ITY-ST-ZIP ITLE AME	Signature, typed or printed name offer OFFIC WILSON, GARY P 4311 MAHOGANY RU	Contract a gran we take it appendiable (NO CERS AND DIRECTORS  DELETE  N 3884  DELETE	11: Frogristoved Agent signature required         13:         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY - ST - ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY - ST - ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY - ST - ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         3.4 CITY - ST - ZIP         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	poration submits this statement for the purpose ion's board of directors. I hereby accept the a ACPIC ired when reinstating) DATE	of changing its registered         ppointment as registered         H/L2/1998         ND DIRECTORS IN 12         Change         Additio         Change         Additio         Change         Additio         Change         Additio         Change         Additio         Change         Additio
SIGNATURE 2. TILE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TLE TREET ADDRESS TY-ST-ZIP TLE TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP	Signature, typed or printed name offer OFFIC WILSON, GARY P 4311 MAHOGANY RU	CONTRACTORS CONTR	11: Frogristoriod Agont signature required         13:         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY - ST - ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY - ST - ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY - ST - ZIP         4.1 TITLE         4.2 NAME         3.3 STREET ADDRESS         3.4 CITY - ST - ZIP         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         5.1 TITLE         5.2 NAME         5.3 STREET ADDRESS         5.4 CITY - ST - ZIP         6.1 TITLE	poration submits this statement for the purpose ion's board of directors. I hereby accept the a ACPIC ired when reinstating) DATE	of changing its registered         ppointment as registered         #/22/1998         ND DIRECTORS IN 12         Change         Additio         Change         Additio         Change         Additio         Change         Additio
SIGNATURE 2. TILE AME TREET ADDRESS TY-ST-ZIP TLE	Signature, typed or printed name offer OFFIC WILSON, GARY P 4311 MAHOGANY RU	Contract a gran we take it appendiable (NO CERS AND DIRECTORS  DELETE  N 3884  DELETE	11: Frogristoved Agent signature required         13:         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY - ST - ZIP         2.1 TITLE         2.2 NAME         2.3 STREET ADDRESS         2.4 CITY - ST - ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY - ST - ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         3.4 CITY - ST - ZIP         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	poration submits this statement for the purpose ion's board of directors. I hereby accept the a ACPIC ired when reinstating) DATE	of changing its registered         ppointment as registered         H/L2/1998         ND DIRECTORS IN 12         Change         Additio         Change         Additio         Change         Additio         Change         Additio         Change         Additio         Change         Additio