SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000104741 (8)

Principal Place of Business

DYNAMICS 2000, INC.

1275 K ST NW. SUITE 1101

Mallino Address

1275 K ST NW. SUITE 1101

FILED Jul 22 1998 8:00am Secretary of State



WASHINGTON DC 20005 WASHINGTON DC 20005 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/12/1997 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For Street Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. Yes X No Personal Properly Tax due June 30. 29 30 Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Spencer, gwendolyn J 3648 SHAMROCK WEST 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32308 83 R4 City Zip Code 11. Pursuant to the provisions of sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Viorida. Such change was sulthorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am flynigar with and accept the objigations of, section 607.0505, Florida Statutes. SIGNATURE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. President/ Director TITLE 1.1 TITLE DELETE Change Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 2.1 TITLE Change DELETE Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 3.1 TITLE DELETE ___ Change ___ Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIF TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE DELETE ___ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 8.4 CITY-ST-ZIP

in Block 12 or Block 13 if changed, or on

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 supplementary 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 processor or trustee shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the processor or trustee shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the processor of the corporation or the processor of the corporation or the processor of the corporation of the corporation of the corporation of the processor of the corporation of the corporation of the processor o

CR2E034 (5/98