


FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90023 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000021071 1. Corporation Name DYNAMIC COMPONENTS INTERNATIONAL, INC.		



Principal Place of Business
 6504 ST. PARTIN PLACE
 ORLANDO FL 32812

Mailing Address
 6504 ST. PARTIN PLACE
 ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5603 COMMERCE DRIVE Suite, Apt. #, etc. 22 ORLANDO, FL Zip 32839 Country USA		2a. Mailing Address 26 5603 COMMERCE DRIVE Suite, Apt. #, etc. 27 ORLANDO, FL Zip 32839 Country USA		3. Date Incorporated or Qualified 03/03/1998	4. FEI Number 59-3495539	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent JOHNSON, WADE F JR 118 E JEFFERSON ST. ORLANDO FL 32801		10. Name and Address of New Registered Agent 81 Name ALZNER, FRED 82 Street Address (P.O. Box Number is Not Acceptable) 6504 ST PARTIN PLACE 83 84 City ORLANDO FL 85 Zip Code 32812	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE <i>[Signature]</i>		DATE 4/16/99	

12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ALZNER, FRED C STREET ADDRESS 6504 ST. PARTIN PLACE CITY-ST-ZIP ORLANDO FL 32812	1.1 TITLE D.P. 1.2 NAME ALZNER, FRED C 1.3 STREET ADDRESS 6504 ST. PARTIN PLACE 1.4 CITY-ST-ZIP ORLANDO FL 32812	2.1 TITLE D. VP. 2.2 NAME KELLY, EAVAN J 2.3 STREET ADDRESS 3684 GATLIN PLACE CIRCLE 2.4 CITY-ST-ZIP ORLANDO, FL 32812	3.1 TITLE D 3.2 NAME LENGLER, KEITH, A 3.3 STREET ADDRESS 4530 LONGWORTH DRIVE 3.4 CITY-ST-ZIP ORLANDO, FL 32812
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 or 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **EAVAN KELLY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99
 Date

407-855-7703
 Daytime Phone #

CR2E034 (1/98)