

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S59244

(1)

1. CORPORATION Name

MARKET DYNAMICS, INC.

Principal Place of Business

4630 S KIRKMAN ROAD
SUITE 114
ORLANDO FL 32811

Mailing Address

4630 S KIRKMAN ROAD
SUITE 114
ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

06/12/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3059418

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 193.037,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 5205 S. Orange Ave.

2a. Mailing Address

26 5205 S. Orange Ave.

Suite, Apt. #, etc.

22 Suite 208

Suite, Apt. #, etc.

27 Suite 208

City & State

23 Orlando FL

City & State

28 Orlando FL

24 32809

25 USA

29 32809

30 USA

9. Name and Address of Current Registered Agent

MARCINIAK, FRANCIS J.
4630 S KIRKMAN ROAD
SUITE 114
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(1)(c) and 607.01(2)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as to both the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of such agent under Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (if different from above)

Signature of New Registered Agent (if different from above)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	P
2. NAME	MARCINIAK, FRANCIS J.
3. STREET ADDRESS	4630 S KIRKMAN RD #114
4. CITY, ST, ZIP	ORLANDO FL 32811
5. NAME	
6. STREET ADDRESS	
7. CITY, ST, ZIP	
8. NAME	
9. STREET ADDRESS	
10. CITY, ST, ZIP	
11. NAME	
12. STREET ADDRESS	
13. CITY, ST, ZIP	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	
18. STREET ADDRESS	
19. CITY, ST, ZIP	
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	
23. NAME	
24. STREET ADDRESS	
25. CITY, ST, ZIP	
26. NAME	
27. STREET ADDRESS	
28. CITY, ST, ZIP	
29. NAME	
30. STREET ADDRESS	
31. CITY, ST, ZIP	
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
35. NAME	
36. STREET ADDRESS	
37. CITY, ST, ZIP	
38. NAME	
39. STREET ADDRESS	
40. CITY, ST, ZIP	
41. NAME	
42. STREET ADDRESS	
43. CITY, ST, ZIP	
44. NAME	
45. STREET ADDRESS	
46. CITY, ST, ZIP	
47. NAME	
48. STREET ADDRESS	
49. CITY, ST, ZIP	
50. NAME	
51. STREET ADDRESS	
52. CITY, ST, ZIP	
53. NAME	
54. STREET ADDRESS	
55. CITY, ST, ZIP	
56. NAME	
57. STREET ADDRESS	
58. CITY, ST, ZIP	
59. NAME	
60. STREET ADDRESS	
61. CITY, ST, ZIP	
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	
65. NAME	
66. STREET ADDRESS	
67. CITY, ST, ZIP	
68. NAME	
69. STREET ADDRESS	
70. CITY, ST, ZIP	
71. NAME	
72. STREET ADDRESS	
73. CITY, ST, ZIP	
74. NAME	
75. STREET ADDRESS	
76. CITY, ST, ZIP	
77. NAME	
78. STREET ADDRESS	
79. CITY, ST, ZIP	
80. NAME	
81. STREET ADDRESS	
82. CITY, ST, ZIP	
83. NAME	
84. STREET ADDRESS	
85. CITY, ST, ZIP	
86. NAME	
87. STREET ADDRESS	
88. CITY, ST, ZIP	
89. NAME	
90. STREET ADDRESS	
91. CITY, ST, ZIP	
92. NAME	
93. STREET ADDRESS	
94. CITY, ST, ZIP	
95. NAME	
96. STREET ADDRESS	
97. CITY, ST, ZIP	
98. NAME	
99. STREET ADDRESS	
100. CITY, ST, ZIP	

1. NAME	MD	☒ Change ☐ Addition
2. NAME	Marciniak, Francis J.	
3. STREET ADDRESS	4630 S. Kirkman Rd. #114	
4. CITY, ST, ZIP	Orlando, FL 32811	
5. NAME	MD	☐ Change ☒ Addition
6. NAME	Marciniak, Barry F.	
7. STREET ADDRESS	4630 S. Kirkman Rd. #114	
8. CITY, ST, ZIP	Orlando, FL 32811	
9. NAME		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. NAME		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. NAME		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		
21. NAME		☐ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		
25. NAME		☐ Change ☐ Addition
26. NAME		
27. STREET ADDRESS		
28. CITY, ST, ZIP		
29. NAME		☐ Change ☐ Addition
30. NAME		
31. STREET ADDRESS		
32. CITY, ST, ZIP		
33. NAME		☐ Change ☐ Addition
34. NAME		
35. STREET ADDRESS		
36. CITY, ST, ZIP		
37. NAME		☐ Change ☐ Addition
38. NAME		
39. STREET ADDRESS		
40. CITY, ST, ZIP		
41. NAME		☐ Change ☐ Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
45. NAME		☐ Change ☐ Addition
46. NAME		
47. STREET ADDRESS		
48. CITY, ST, ZIP		
49. NAME		☐ Change ☐ Addition
50. NAME		
51. STREET ADDRESS		
52. CITY, ST, ZIP		
53. NAME		☐ Change ☐ Addition
54. NAME		
55. STREET ADDRESS		
56. CITY, ST, ZIP		
57. NAME		☐ Change ☐ Addition
58. NAME		
59. STREET ADDRESS		
60. CITY, ST, ZIP		
61. NAME		☐ Change ☐ Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, ST, ZIP		
65. NAME		☐ Change ☐ Addition
66. NAME		
67. STREET ADDRESS		
68. CITY, ST, ZIP		
69. NAME		☐ Change ☐ Addition
70. NAME		
71. STREET ADDRESS		
72. CITY, ST, ZIP		
73. NAME		☐ Change ☐ Addition
74. NAME		
75. STREET ADDRESS		
76. CITY, ST, ZIP		
77. NAME		☐ Change ☐ Addition
78. NAME		
79. STREET ADDRESS		
80. CITY, ST, ZIP		
81. NAME		☐ Change ☐ Addition
82. NAME		
83. STREET ADDRESS		
84. CITY, ST, ZIP		
85. NAME		☐ Change ☐ Addition
86. NAME		
87. STREET ADDRESS		
88. CITY, ST, ZIP		
89. NAME		☐ Change ☐ Addition
90. NAME		
91. STREET ADDRESS		
92. CITY, ST, ZIP		
93. NAME		☐ Change ☐ Addition
94. NAME		
95. STREET ADDRESS		
96. CITY, ST, ZIP		
97. NAME		☐ Change ☐ Addition
98. NAME		
99. STREET ADDRESS		
100. CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.03(1)(b), Florida Statutes. I further certify that the information included in 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 liquidator of the corporation and that my signature shall have the same legal effect as if made under oath. I am aware of the obligations of such agent under Florida Statutes, and that my name appears in Block 12 of this report or in an attached document with an address.

SIGNATURE:

Barry F. Marciniak 4/27/95

407 438 3744

Signature and Title of Signing Officer or Director

Date

Telephone Number