FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 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	3a. Date of Last Report
06/12/1991	05/01/1994

4. FEI Number: 59-3059418 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] — $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. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 5205 S. Orange Ave.	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
Zip 24 32809 — Country 25 USA	Zip 29 32809 — Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARCINIAK, FRANCIS J. 4630 S KIRKMAN ROAD SUITE 114 ORLANDO FL 32811	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 607.0502 and 617.0502, 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 TITLE	MD [X] Change [ ] Addition
NAME	MARCINIAK, FRANCIS J.	1 NAME	Marciniak, Francis J.
STREET ADDRESS	4630 S KIRKMAN RD #114	1 STREET ADDRESS	4630 S. Kirkman Rd. #114
CITY-ST-ZIP	ORLANDO FL 32811	1 CITY-ST-ZIP	Orlando, FL 32811
TITLE		2 TITLE	MD [ ] Change [X] Addition
NAME		2 NAME	Marciniak, Barry F.
STREET ADDRESS		2 STREET ADDRESS	4630 S. Kirkman Rd. #114
CITY-ST-ZIP		2 CITY-ST-ZIP	Orlando, FL 32811
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 if changed, or on an attachment with an address.

SIGNATURE: [signature] Barry F. Marciniak 4/27/95 407 438 3744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0069880 CP