FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S59244** **(1)**

1. Corporation Name

MARKET DYNAMICS, INC.

Principal Place of Business	Mailing Address
5205 S ORANGE AVE 208 ORLANDO FL 32809 US	5205 S ORANGE AVE 208 ORLANDO FL 32809 US

2. Principal Place of Business	4630 S. KIRKMAN RD.	2a. Mailing Address	SAME
21		26	
Suite, Apt. #, etc.	SUITE 114	Suite, Apt. #, etc.	"
22		27	
City & State	ORLANDO FL	City & State	"
23		28	
Zip / Country	32811 / USA	Zip / Country	" / "
24 / 25		29 / 30	

3. Date Incorporated or Qualified	3a. Date of Last Report
06/12/1991	05/01/1995
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. 199.032, Florida Statutes ☐ Yes ☑ No	

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: BARRY F. MARCINIAK
82 Street Address (P.O. Box Number is Not Acceptable): 4630 S. KIRKMAN RD.
83 SUITE 114
84 City: ORLANDO **FL** 85 Zip Code: 32811

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: B F Marciniak BARRY F. MARCINIAK DIRECTOR DATE: 5/1/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MD	☑ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	~~MARCINIAK, FRANCIS J.~~		1.2 NAME	
STREET ADDRESS	~~4630 S KIRKMAN RD~~		1.3 STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL~~		1.4 CITY-ST-ZIP	
TITLE	MD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MARCINIAK, BARRY F		2.2 NAME	
STREET ADDRESS	4630 S KIRKMAN RD., #114		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
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	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added, by an amendment with an address.

SIGNATURE: B F Marciniak DIRECTOR 5/1/96 4074383744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #