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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S65508** (1)

1. Corporation Name
THE DYNAMIC SIMULATION GROUP, INC.



Principal Place of Business
**6330D GRAND BAHAMA CIRCLE
TAMPA FL 33615**

Mailing Address
**P.O. BOX 260175
TAMPA FL 33685**

3. Date Incorporated or Qualified
07/11/1991

3a. Date of Last Report
02/03/1995

2. Principal Place of Business
21 5815 GALLEON WAY

Suite, Apt. #, etc.

City & State
23 Tampa, FL

Zip
24 33615

Country
25 Hillsborough

9. Name and Address of Current Registered Agent
**CURTIS, ROBERT F.
5815 GALLEON WAY
TAMPA FL 33615**

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 607.0502 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 _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	PC			
	RIERA, AURORA M	5815 GALLEON WAY	TAMPA FL 33615	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1						
1.2						
1.3						
1.4						
2.1						
2.2						
2.3						
2.4						
3.1						
3.2						
3.3						
3.4						
4.1						
4.2						
4.3						
4.4						
5.1						
5.2						
5.3						
5.4						
6.1						
6.2						
6.3						
6.4						

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)(k), 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: Aurora M. Riera 1/13/96 813 854-2812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)