SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1996.
AMOUNT DUE ON OR BEFORE 8 7 96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $575.)

- PROFIT
CORPORATION
ANNUAL REPORT
1996

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

FILED
96 DEC 17 AM 11:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

DOCUMENT #
1. Corporation Name: Dynamic Systems Solutions, Inc.
V21428

REINSTATEMENT 1996

Principal Place of Business / Mailing Address

700 W. Hillsboro Blvd.
Deerfield Beach, FL 33441

3. Date Incorporated or Qualified:
3a. Date of Last Report: 4/95

2. Principal Place of Business
21: Same

2a. Mailing Address
26: Same

4. FEI Number: 65-0320065 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc.
22: BLDG 3 Suite 210

Suite, Apt. #, etc.
27:

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State
23:

City & State
28:

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip / Country
24: / 25:

Zip / Country
29: / 30:

8. This corporation has liability for intangible tax under s. 199.022, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Karen Gagliano, Esq., P.A.
1300 N. Federal Highway, #110
Boca Raton, FL 33432

10. Name and Address of New Registered Agent

81 Name: Karen Gagliano, Esq., P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1300 N. Federal Highway, #110
83:
84 City: Boca Raton FL 85 Zip Code: 33432

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] Karen A. Gagliano 12/16/96
Signature must be of the named registered agent and be if applicable. NOTE: Registered Agent's printed/typed name must be provided. DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President William Teicher 18253 Blue Lake Way Boca Raton, FL 33498	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Robert Kirkwood 11222 Island Lakes Lane Boca Raton, FL 33498	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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TALLAHASSEE, FLORIDA

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-12/18/96--01017--013
****375.00 ****375.00

MWB

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 12-12-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #