FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V21428

(0)

FILED Feb 25 1998 8:00am Secretary of State

DYNAMIC SYSTEMS SOLUTIONS, INC.))
Principal Place	e of Business	Mailing Address		1 10011 11011 11001 11001 11011 1	/// B/B// D/B// D/6// B/B// B/B// B/B// B/B//
-700 WEST HILLSBORD BLVD -BLDG. 2 SUITE 210. -DEERPIELD BEACH FL 33741 US-		700 WEST HILLSBORD BLYD BLDG: 3 SUITE 210- DEERFIELD BEACH FL 33441- US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
				03/16/1992	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0320065	Not Applicable
		Suite, Apt. #, etc. 27 555 5.W. 12	Th Area . # 102	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Ponfano Beach FC		City & State	Beach	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
			Country 10 USA	This corporation owes or has particle. Personal Property Tax due June	a 30. 🔲 Yes 🔲 No
	9, Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	agistered Agent
GAGLIANU, KAREN A					
1300 N FEDERAL HWY STE - 110 Street Address (P.O. Box Number is Not Acceptable)					
ВО	CA RATON FL 33432		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					
12.	Signature, typed or present name of registerest age: OFFICERS AND		Registered Agent algoratura requi	red when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	ABBITIONS/OFFAIGLS TO OFFI	Change Addition
NAME	TEICHER, WILLIAM		1.2 NAME		_ · · _
STREET ADDRESS	18253 BLUE LAKEWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33498		1.4 CITY - ST - ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		Change Addition
NAME	KIRKWOOD, ROBERT		2.2 NAME		
STREET ADORESS	11222 ISLAND LAKES LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33498	DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE NAME		☐ DECER	3.1 TITLE 3.2 NAME		C Cliaribe C Modition
STREET ADDRESS			3.2 NAME 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	51 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	certify that the information supplied with	th this filing does not qualify for	6.4 CITY-\$1-ZIP the exemption stated in	Section 119.07(3)(i), Florida Statutes	further certify that the information
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 it changed, or on an attachnith with an address.					

William H. Teicher 2/20/98