

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **649731** (7)

1. Corporation Name
DYNOPTIC-ST. PETERSBURG, INC.

Principal Place of Business	Mailing Address
4399 35TH ST. N. P.O. BOX 84000 ST PETERSBURG FL 33784	4399 35TH ST. N. P.O. BOX 84000 ST PETERSBURG FL 33784

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/01/1990	3a. Date of Last Report 05/20/1994
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

4. FEI Number 59-1981912	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**PAYNE, JOHN W
4399 35TH STREET NORTH.
ST. PETERSBURG FL**

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 _____ DATE _____
Signature: typed or printed name of registered agent and 199 if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	DUFFY, CHARLES
STREET ADDRESS	13380 86TH AVENUE N
CITY - ST - ZIP	SEMINOLE, FL 00000
TITLE	VT
NAME	STANKIEWICZ, CY
STREET ADDRESS	3804 48TH AVE S.
CITY - ST - ZIP	S PETERSBURG, FL 00000
TITLE	VS
NAME	PAYNE, JEFFREY T.
STREET ADDRESS	7840 CAUSEWAY BLVD. S.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	V
NAME	STEVENS, ROBERT
STREET ADDRESS	9180 60TH STREET N.
CITY - ST - ZIP	PINELLAS PARK FL
TITLE	D
NAME	PAYNE, JOHN W
STREET ADDRESS	68 DOLPHIN DRIVE
CITY - ST - ZIP	TREASURE ISLAND, FL00000
TITLE	V
NAME	MOTTA, JOSEPH
STREET ADDRESS	512 JOHNS PASS AVE
CITY - ST - ZIP	MADERA BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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(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 (Change, or Add) in attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR