


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

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 649731 (7)
 1. Corporation Name
DYNOPTIC-ST. PETERSBURG, INC.



Principal Place of Business 4399 35TH ST. N. P.O. BOX 84000 ST PETERSBURG FL 33784	Mailing Address 4399 35TH ST. N. P.O. BOX 84000 ST PETERSBURG FL 33784
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 01/01/1980	
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 owes or has paid the current year intangible Personal Property Tax due June 30. <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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	DUFFY, CHARLES
STREET ADDRESS	13380 88TH AVENUE N
CITY-ST-ZIP	SEMINOLE, FL 00000
TITLE	VT <input type="checkbox"/> DELETE
NAME	STANKIEWICZ, CY
STREET ADDRESS	3804 46TH AVE S.
CITY-ST-ZIP	S PETERSBURG, FL 00000
TITLE	VS <input type="checkbox"/> DELETE
NAME	PAYNE, JEFFREY T.
STREET ADDRESS	7840 CAUSEWAY BLVD. S.
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	V <input type="checkbox"/> DELETE
NAME	STEVENS, ROBERT
STREET ADDRESS	9180 60TH STREET N.
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PAYNE, JOHN W
STREET ADDRESS	68 DOLPHIN DRIVE
CITY-ST-ZIP	TREASURE ISLAND, FL00000
TITLE	V <input type="checkbox"/> DELETE
NAME	MOTTA, JOSEPH
STREET ADDRESS	512 JOHNS PASS AVE
CITY-ST-ZIP	MADEIRA 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 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 registered 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: *[Signature]* **CP STANKIEWICZ** **2/17/98**

CR2E034 (10/97)