

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90023 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000021071

1. Corporation Name
DYNAMIC COMPONENTS INTERNATIONAL, INC.



Principal Place of Business 6504 ST. PARTIN PLACE ORLANDO FL 32812	Mailing Address 6504 ST. PARTIN PLACE ORLANDO FL 32812
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5603 COMMERCE DRIVE		2a. Mailing Address 26 5603 COMMERCE DRIVE		4. FEI Number 59-3495539		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State ORLANDO, FL		28 City & State ORLANDO, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 32839		25 Country USA		29 Zip 32839		30 Country USA	

9. Name and Address of Current Registered Agent JOHNSON, WADE F JR 118 E. JEFFERSON ST. ORLANDO FL 32801				10. Name and Address of New Registered Agent			
81 Name ALZNER, FRED		82 Street Address (P.O. Box Number is Not Acceptable) 6504 ST PARTIN PLACE		83		84 City ORLANDO	
				85 Zip Code FL 32812			

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]* **President** DATE: **4/16/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D.P. ALZNER, FRED C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALZNER, FRED C		1.2 NAME ALZNER, FRED C	
STREET ADDRESS 6504 ST. PARTIN PLACE		1.3 STREET ADDRESS 6504 ST. PARTIN PLACE	
CITY-ST-ZIP ORLANDO FL 32812		1.4 CITY-ST-ZIP ORLANDO FL 32812	
TITLE D. VP.	<input type="checkbox"/> DELETE	2.1 TITLE D. VP.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KELLY, EAVAN J		2.2 NAME KELLY, EAVAN J	
STREET ADDRESS 3684 GATLIN PLACE CIRCLE		2.3 STREET ADDRESS 3684 GATLIN PLACE CIRCLE	
CITY-ST-ZIP ORLANDO, FL 32812		2.4 CITY-ST-ZIP ORLANDO, FL 32812	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LENGLER, KEITH, A		3.2 NAME LENGLER, KEITH, A	
STREET ADDRESS 4530 LONGWORTH DRIVE		3.3 STREET ADDRESS 4530 LONGWORTH DRIVE	
CITY-ST-ZIP ORLANDO, FL 32812		3.4 CITY-ST-ZIP ORLANDO, FL 32812	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **EAVAN J KELLY** Date: **4.1.99** Daytime Phone #: **407-855-7703**

CR2E034 (1/98)