

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G91160 (3)**  
1. Corporation Name  
**DYNASTY MARINE ASSOCIATES, INC.**



Principal Place of Business: **10602 7TH AVE GULF MARATHON FL 33050 US**  
Mailing Address: **10602 7TH AVE GULF MARATHON FL 33050 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/13/1984</b>	3a. Date of Last Report <b>08/29/1995</b>
21	22	26	27	4. FEI Number <b>59-2412006</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23	24	28	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
<b>WARNER, RICHARD E</b> <b>10035 OVERSEAS HWY</b> <b>MARATHON FL 33050</b>				81	Name			<b>DYNASTY MARINE ASSOCIATES INC</b>	
				82	Street Address (P.O. Box Number is Not Acceptable)			<b>10602 7TH AVE GULF</b>	
				83					
				84	City	<b>MARATHON FL</b>	85	Zip Code	<b>33050</b>

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]* **FORREST YOUNG** Director **4/15/96**  
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, NANETTE</b>	12 NAME	
STREET ADDRESS	<b>2970 DOLPHIN DR</b>	13 STREET ADDRESS	<b>113 COCO PLUM DRIVE</b>
CITY-ST-ZIP	<b>MARATHON FL</b>	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, FORREST A.</b>	22 NAME	
STREET ADDRESS	<b>2970 DOLPHIN DR</b>	23 STREET ADDRESS	<b>113 COCO PLUM DRIVE</b>
CITY-ST-ZIP	<b>MARATHON FL</b>	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	<b>FRANK R. FASCHING</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>P.O. BOX 1288 N/A</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>ALLENTOWN, PA 18105-1288</b>
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	<b>800001840068</b>
STREET ADDRESS		53 STREET ADDRESS	<b>-05/28/96--01018--007</b>
CITY-ST-ZIP		54 CITY-ST-ZIP	<b>***200.00</b>
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	<b>S-1-96</b>
STREET ADDRESS		63 STREET ADDRESS	<b>AB</b>
CITY-ST-ZIP		64 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **FORREST A. YOUNG** **4/15/96** **305.743**  
Signature and type or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (12/95)