

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

FILED
Feb 16 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 # P96000016364 (7)
 1. Corporation Name
DYNASTY COLLECTIBLES, INC.



Principal Place of Business 9401 WEST COLONIAL DRIVE SUITE 504 OCOEE FL 34761 US	Mailing Address 9401 WEST COLONIAL DRIVE SUITE 504 OCOEE FL 34761 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/19/1996

4. FEI Number
65-0644785

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc.	Suite, Apt #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

MIRPURI, HARISH L
11401 PINES BLVD., STE. 446
PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name **SAME**

82 Street Address (P.O. Box Number is Not Acceptable)
9401 W. COLONIAL DR. #504

83

84 City **OCOEE** FL 85 Zip Code **34761**

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		DELETED
TITLE	DPS	<input type="checkbox"/>
NAME	MIRPURI, HARISH L	
STREET ADDRESS	11401 PINES BLVD., STE. 446	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	DV	<input type="checkbox"/>
NAME	MIRPURI, RAM	
STREET ADDRESS	11401 PINES BLVD., STE. 446	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	DT	<input type="checkbox"/>
NAME	MIRPURI, GITA	
STREET ADDRESS	11401 PINES BLVD., STE. 446	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	SAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	SAME		
1.3 STREET ADDRESS	9401 W. COLONIAL DR. STE 504		
1.4 CITY-ST-ZIP	OCOEE, FL. 34761		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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: *Harish Mirpuri* / **HARISH MIRPURI / PRESIDENT 01-03-98 / 407-522-4400**

CR2E034 (10/97)