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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

V35105

(8)

DYNASTY REALTY OF BREVARD, INC.  Principal Place of Business Maling Address  478 BALLARD DRIVE 478 BALLARD DRIVE							
SUITE 27 MELBOURNE FL 32995		SUITE 27					
US					<ol> <li>Date Incorporated or Qualified 05/08/1992</li> </ol>	ed 3a. Date of Last Report 04/24/1995	
<del>-</del>		2a. Mailing Address	. Mailing Address		4. FEI Number 59-3125962	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	.75 Additional ee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		5.00 May Be dded to Fees
Zip 24	Country <b>25 29</b>		Country 30		8. This corporation has liability or intangible tax under s 199,032, Florida Statutes Yes \(\Boxed{Y}\) Yes \(\Boxed{\Delta}\) No		
	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered Agent	
			81	Name			
ALLEN, 478 BA	HENRY M LLARD DRIVE , <b>Suite</b> 2	27	8		ess (P.O. Box Number is Not Acceptable	e)	
MELBO	URNE FL 32935	•	83	<u> </u>			
			84	City		FL 85	Zip Code
12.	ignative, typed or printed name of registered ago OFFICERS AI	nt and title if applicable  ND DIRECTORS  DELETE	(NOTE: Registered Age		d when renstating)  ADDITIONS/CHANGES TO OFFI		
NAME STREET ADDRESS CITY-ST-ZIP	ALLEN, HENRY M 2269 S. SMATHERS CIRC MELBOURNE FL	_	1.2 NAME	1 ADDRESS		☐ Char	nge 🔲 Addition
TITIE NAME STREET ADDRESS CITY-ST-ZIP				1		☐ Char	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELFTE	3 1 TITLE 32 NAME	et address		☐ Char	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ DELETE	4.1 TITLE 42 NAME	T ADDRESS		☐ Char	nge Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5 1 TITLE 52 NAME	1 ADDRESS		☐ Char	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6 1 TITLE 62 NAME 63 STREE 64 CITY-	T ADDRESS S1-Zip		☐ Char	
certify that	the information indicated on this ani	nual report or supplements	al annual report is tr trustee emoowered	ue and accura	or the exemption stated in Section 119.0 te and that my signature shall have the sreport as required by Chapter 607, Flo	same legal effect	as if made under

SIGNATURE:

SIGNATURE NO TYPED OF PRINTED NAME & SIGNATURE

HENRY M. ALLEN

4/23/96

(407) 254-1115

Daytime Phone #

CRZE034 (12/9)