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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 690627

(5)

DYNASTY RCL. INC.

FILED May 16 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 17009 PAULA LANE 17009 PAULA LANE LUTZ FL 33549 LUTZ FL 33549 LUTZ FL 335494818								
					3. Date Incorporated or Qualified 06/17/1981		ate of Last F /30/1996	leport
2. Principal Place of Business	2a. Mailing Address				4, FEI Number		1	pplied For
Suite, Apt #, etc.	26 Suite, Apt. #, etc.				59-2724539			ot Applicable
22	27				5. Certificate of Status Desired			Additional equired
City & State	City & State			····	6. Election Campaign Financing		\$5.00	May Be
23	28	T - A.			Trust Fund Contribution		Added	to Fees
Zip Country	Zip 29	30 Cou	ntry		8. This corporation has tiability for Florida Statutes	injangible Yes		i. 199.032,
24 25 9. Name and Address of Curr		[30]			10. Name and Address of New Re			
LAU, RONNIE			81	Name				
17009 PAULA LANE			82	Street Ad	dress (P.O. Box Number is Not Acceptal	nla)		
LUTZ FL 33549			02	Olleet Au	uress (F.O. Dox Harriber is 110) Nobel Al	<u>.</u>		
			83					
		,	64	City		FL	85 Zip	Code
11 Pursuant to the provisions of Sections 607.0	502 and 607 1508. Florida Statu	tes the al	20)(6	named or	progration submits this statement for the		changing is	ts registered
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obli	ale of Florida. Such change was	authorized	d by	the corpor	ation's board of directors. I hereby acce	pt the app	cointment as	registered
	igations or, section our coos, in	onda Stat	UI G					
SIGNATURE Signature, typed or profed name of registered.	agent and title if appricable. (NO	TE-Registered	i Age	nt signature rec	uirad when reinstating)	DATE		
	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN		
THLE CEP	☐ DELETE	1.1 TII	FLE				Change	Addition
NAME LAU, RONNIE		1.2 NJ	WE					ļ
STREET ADDRESS 17009 PAULA LANE		1.3 ST	REET	address				
CITY-ST-ZIF LUTZ, FLORIDA 00000	DELETE	1.4 CF		T-ZIP		·····	Change	Addition
EN AGUE JOE H DE	□ DUTE	2.1 Tri 2.2 N/					CT crange	L Nagreon
NAME FALSONE, JUE II P.E. STREET ADDRESS 5201 SEMINOLE AVENUE				ADDRESS				
CHY-ST-ZIP TAMPA FL		2.3 ST						
TITLE V	DELETE	3.1 TI		11-211			Change	Addition
NAME LAU, WILLIAM		3.2 NA					- ••	
STREET ADDRESS 14001 CHERRY LAKE DR.				ADDRESS				!
CITY-ST-ZIP TAMPA FL.		1		II-ZIP				
TITLE V	☐ DELEYE	4.1 TE	TLE				Change	Addition
NAME DEMIDOVICH, J.S. JR. P.E		4. 2 N	AME					ļ
STREET ADDRESS 157 WOODSIDE DR.		4.9 ST	REET	ADDRESS				
CITY-ST-ZIP LAKELAND FL		4.4 Cf		T-ZIP				
TITLE	☐ DELETE	5.1 7(1					Change	Addition
NAME		5.2 N/						
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP	□ brieze	5.4 CI		T-ZIP			Channe	A Julien-
THEF	DELETE	6.1 71					☐ Change	Addition
NAME		62 N/						
STREET ADDRESS		1		ADDRESS				
CHY-SI-ZIP		640	TY-S	T-ZIP	1. 0 1. 1.0 07(0)(1.5) 1.1.0			

I do hereby certify that the information supplied with this filling 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 comporation 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 allachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR