

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H94589 (9)

1. Corporation Name

DYNASTY UNLIMITED, INC.

Principal Place of Business

11525 N.W. 33RD ST.
P O BOX 9228
CORAL SPRINGS FL 33075

Mailing Address

11525 N.W. 33RD ST.
P O BOX 9228
CORAL SPRINGS FL 33075

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

3. Date Incorporated or Qualified

01/17/1986

3a. Date of Last Report

02/01/1994

4. FEI Number

59-2635306

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 has liability for intangible tax under S. 199 USZ,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARLOWE, PATRICIA A.
11525 N.W. 33RD ST.
P.O. BOX 9228
CORAL SPRINGS FL 33075

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and the filer/applicant

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MARLOWE, PATRICIA A.
STREET ADDRESS	11525 N.W. 33RD ST.
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	VD
NAME	MARLOWE, DORIS S.
STREET ADDRESS	2607 MIDDLEHURST RD.
CITY - ST - ZIP	TITUSVILLE FL
TITLE	STD
NAME	PERRY, MARTHA M.
STREET ADDRESS	11525 N.W. 33RD ST.
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	VD
NAME	HURST, MARGARET M.
STREET ADDRESS	11525 NW 33RD ST
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	

for address change
This Corp is inactive but we do not wish to dissolve it. Attached is our check for \$225.00

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)(b), 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:

Martha M. Perry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-95

1-800-870-1679