

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K17774**

(6)

1. Corporation Name

DYNASTY ARABIANS II, INC.

Principal Place of Business

**C/O STANFORD COHAN
4899 PINEVIEW CIRCLE
DELRAY BEACH FL 33445**

Mailing Address

**C/O STANFORD COHAN
4899 PINEVIEW CIRCLE
DELRAY BEACH FL 33445**



2. Principal Place of Business

2a. Mailing Address

21

Subs. Apt. #, etc.

26

Subs. Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**JOSEPH M. FLEMING
440 ROYAL PALM WAY
PALM BEACH 33480**

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 607.1503, Florida Statutes, the above named corporation certifies this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. The entity accepted the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent

Signature of the person who is the registered agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PT	COHAN, GAIL	4899 PINEVIEW CIR	DELRAY BEACH FL	☐
CS	COHAN, STANFORD H.	4899 PINEVIEW CIR	DELRAY BEACH FL	☐
				☐
				☐
				☐
				☐
				☐
				☐

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. DELETE	6. CHANGE	7. ADDITION
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

14. I do hereby certify that the information supplied is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or biennial 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 person or persons authorized to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change in name or address.

SIGNATURE:

Gail R. Cohan **GAIL R. COHAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-96

407-496-1626

CR2E034 (12/95)