Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90031 021 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # 1/00

DOCUI	VIEIVI # K93029						
Corporation Corporation		INC					
DYNASI	Y REALTY & INVESTMENTS	, INC.				ALBER BIBLI BIBLI BI	CH CINI (CC)
Principal Place	e of Business	Mailing Address				#1911 B1811 61811 91	
4020 PARK ST	N	P.O. BOX 40926			· ·		•
SUITE 201-A ST. PETERSBURG FL 337434			926			0.054.05	
ST PETERSBURG FL 33709					DO NOT WRITE IN THI	S SPACE	
US	•				3. Date Incorporated or Qualifed		
		1 - 14 (1) - 1 - 1			06/06/1989 4. FEI Number		liad Cor
	lace of Business	2a. Mailing Address			1 **		Applicable
21		26 Suite Apt # ata			59-2986586	\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Rec	
22 City 9 Ctat	<u> </u>	City & State			9. Floating Compaign Financing	\$5.00	
City & State	0	28			6. Election Campaign Financing Trust Fund Contribution	Added to	
23 Zip	Country	Zip	Country		8. This corporation owes the current year le		
			0	Personal Property Tax.		Yes XNo	
24	9. Name and Address of Current		, , , , , , , , , , , , , , , , , , ,		10. Name and Address of New Registerer		
	5. Teating and Produces of Warrante		81	Name			
TEN	EYCK, ROBERT G				(D.C. D. N. has in Net Assertable)		
4020 PARK ST N			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SUITE 201-A			83				
ST PETERSBURG FL 33709						Table 7:- 0	
	•		84	City	F	L 85 Zip C	ode
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-	named corpo	oration submits this statement for the purpose	of changing its	registered
office or r	egistered agent, or both, in the State om familiar with, and accept the obligation	if Florida. Such change was aut	horized by th	e corporatio	on's board of directors. I hereby accept the app	ointment as reg	jistered
agent. i a	m familiar with, and accept the obligati	ons or, Section 607.0305, Fiond	ia Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent s	agnature required	d when reinstating) DATE		
12.	12. OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PDS	☐ DELETE	1.1 TITLE			Change	Addition
NAME	TENEYCK, ROBERT G.		1.2 NAME		•		
STREET ADDRESS	4020 PARK ST N SUITE 201-A		1.3 STREET A	DORESS			
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-	ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS	23		2.3 STREET A	DDRESS			
CITY-ST-ZIP **			2. 4 CITY- ST-	ZIP -			·
TITLE		☐ DELETE	3.1 TITLE		-	Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET A	DORESS	•		
CITY-ST-ZIP		<u></u>	3.4. CITY-ST-	Z\P			
TITLE	,	☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
DEDCET ADDDCCC			4. 2 NAME				
STREET ADDRESS	· 		4. 2 NAME 4.3 STREET A	DDRESS			
CITY-ST-ZIP							
	<u> </u>	☐ DELETE	4.3 STREET A		· ·	Change	Addition
CITY-ST-ZIP	•	☐ DELETE	4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME	ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
CITY-ST-ZIP	•	☐ DELETE	4.3 STREET A 4.4 CITY-ST- 5.1 TITLE	ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME	•	☐ DELETE	4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CITY-ST-	ZIP DORESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS	•	☐ DELETE	4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET A	ZIP DORESS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	ELEMENT SILL WARD		4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CITY-ST-	ZIP DORESS			

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 appreciate or the receiver of the corporation of the corpora

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP,