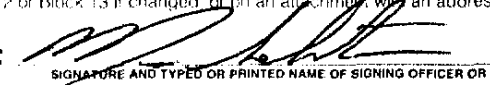


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M32589 1. Corporation Name DYNASTY HOMES + INVESTMENTS, INC 2663 E SUNRISE BLVD #150 FT. LAUD FL 33304			
2. Principal Place of Business 2663 E. SUNRISE BLVD Suite, Apt. #, etc. 150 Suite City & State FT. LAUD FL Zip 33304 Country USA		2a. Mailing Address 2663 E. SUNRISE Suite, Apt. #, etc. 150 City & State FT. LAUD FL Zip 33304 Country USA	
3. Date Incorporated or Qualified MAY 1986		3a. Date of Last Report 1996	
4. FE Number 59-2913595		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. 199.032, Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent MAX SEBASTIANI 2663 E. SUNRISE BLVD Suite 150 FT. LAUD FL 33304		10. Name and Address of New Registered Agent 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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE P/S/T ☐ DELETE NAME MAX SEBASTIANI STREET ADDRESS 2663 E. SUNRISE BLVD #150 CITY-STATE-ZIP FT. LAUD FL 33304		13.1 TITLE ☐ Change ☐ Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	
12.2 TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP		13.21 TITLE ☐ Change ☐ Addition 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-ST-ZIP	
12.3 TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP		13.31 TITLE ☐ Change ☐ Addition 13.32 NAME 13.33 STREET ADDRESS 13.34 CITY-ST-ZIP	
12.4 TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP		13.41 TITLE ☐ Change ☐ Addition 13.42 NAME 13.43 STREET ADDRESS 13.44 CITY-ST-ZIP	
12.5 TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP		13.51 TITLE ☐ Change ☐ Addition 13.52 NAME 13.53 STREET ADDRESS 13.54 CITY-ST-ZIP	
12.6 TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP		13.61 TITLE ☐ Change ☐ Addition 13.62 NAME 13.63 STREET ADDRESS 13.64 CITY-ST-ZIP	
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 address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date April 23, 1997 Daytime Phone # 570-3938	

CR2E034 (9/96)