

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000063220 (6)

1. Corporation Name

DYNASTY HOLDINGS OF FLORIDA, INC.



Principal Place of Business

Mailing Address

405 DOUGLAS AVENUE
SUITE 1955
ALTAMONTE SPRINGS FL 32714
US

P.O. BOX 917359
~~SUITE 2001~~
LONGWOOD FL 32791
US

3. Date Incorporated or Qualified

09/09/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3200209

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

2a. Mailing Address

26

P.O. Box 917359

27

Suite, Apt. #, etc.

28

LONGWOOD FLORIDA

29

32791

Country

USA

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

Signature typed or printed (to be registered agent or director)

(NOTE: Registered Agent signature required when recommending)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

KAHN, JEROME B

STREET ADDRESS

2102 ROYAL FERN CT

CITY-ST-ZIP

LONGWOOD FL 32750

TITLE

STD

☐ DELETE

NAME

JACONETTI, GEORGE W

STREET ADDRESS

733 W STATE ROAD 436, SUITE 2001

CITY-ST-ZIP

ALTAMONTE SPRINGS FL

TITLE

V

☐ DELETE

NAME

JUDGE WALTER E.

STREET ADDRESS

405 DOUGLAS AVENUE, SUITE 1955

CITY-ST-ZIP

ALTAMONTE SPRING FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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)(k), 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

WALTER E JUDGE

DATE

Telephone Filing #

407-774-1600

CR2E034 (12/95)