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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT " DOCCO	2000000 (6)		7	
DOCUMENT # P93000	•			
DYNASTY HOLDINGS OF FLORIDA	A, INC.			
				<b>er</b> 191 <b>4</b> haif hekkafik (87)
Principal Place of Business	Mailing Address		I DERHEDA IND HONDR HARI BORIN DONIN BONIN BORING BRI	<b>an</b> (ong 1909), 1909, <b>6</b> 01, 506,
405 DOUGLAS AVENUE	PO BOX 917359			
SUITE 1955 ALTAMONTE SPRINGS FL 32714	LONGWOOD FL 32791 US		DO NOT WRITE IN THIS	SPACE
US	00		3. Date Incorporated or Qualified	
			09/09/1993	
2. Principal Place of Business	2a. Mailing Address 26		4. FEI Number 59-3200209	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	<b>Z</b> Ip	Country	8. This corporation owes or has paid the cu	
24 25		30	Personal Property Tax due June 30.	Yes No
g, Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent
JUDGE WALTER E. 405 DOUGLAS AVENUE				
ALTAMONTE SPRINGS FL 32714		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
		83		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes	s, the above-named corr	FL poration submits this statement for the purpose of	of changing its registered
office or registered agent, or both, in the State	of Florida, Such change was au ations of, Section 607,0505, Flori	thorized by the corporation Statutes.	ion's board of directors. I hereby accept the app	pointment as registered
SIGNATURE				
Signature, typed or printed name of registered age  12. OFFICERS AN	<del></del>	Registered Agent signature requirements 13.	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE PD	DELETE	1.1 TITLE	ADDITIONS/OFFAIGLE TO OFFICE AN	Change Addition
NAME KAHN, JEROME B		1.2 NAME		
STREET ADDRESS 2102 ROYAL FERN CT		1.3 STREET ADDRESS		
CITY-ST-ZIP LONGWOOD FL 32750	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME JACONETTI, GEORGE W	- Diecie	2.2 NAME		
STREET ADDRESS 733 W STATE ROAD 436, SU	ITE 2001	2.3 STREET ADDRESS		
CITY-ST-ZIP ALTAMONTE SPRINGS FL		2. 4 CITY - ST - ZIP		0.000
NAME JUDGE WALTER E.	☐ DELETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS 405 DOUGLAS AVE SUITE 19	55	3.2 NAME  3.3 STREET ADDRESS		
CITY-ST-ZIP ALTAMONTE SPRINGS FL		34. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		Producti
STREET ADDRESS		6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filling 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 trusted 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 all patiess.

2/2/00

407 774-1600

**FILED** 

Mar 10 1998 8:00am

Secretary of State