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 # P9400056045 (5)

DYNASTY ENTERPRISES, INC.

Mailing Address Principal Place of Business 3181 N. UNIVERSITY DRIVE. 3181 N. UNIVERSITY DRIVE. SUNRISE FL 33351 SUNRISE FL 33351 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/28/1994 4. FEI Number 2. Principal Place of Business 2a. Mading Address Applied For 65-0508767 Not Applicable 21 26 Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DENTZER, LUCILLE D. 3181 N UNIVERSITY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33351 83 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 (NOTE Registered Agent signature required when re-estating) Signature, type disciplinated name of rejecting agent and line diapplicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELLITE Change Addition TITLE 1.1 THILE **DENTZER, LUCILLE D** NAME 1.2 NAME 1561 S.W. 23RD AVE. STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 2.1 TITLE 2.2 NAME NAME

NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS. CITY-ST-ZIP 64 City - St - ZIF 14. Thereby 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 suppliemental 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 employed 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 any 10 htmp://pith.am.address/

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

53 STREET ADDRESS 5 4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

3.4 CITY-S1-ZIP

2.4 CITY-\$1-ZIP

3 1 TITLE

3.2 NAME

4.1 TILLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

DELETE

DILETE

DELETE

DELETE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

FILED

May 11 1998 8:00am

Secretary of State

7399

Change

Change

Change

Change

Addition

Addition

Addition

Addition