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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 25, 1999 8:00 am Secretary of State 03-25-1999 90007 005 ***150.00

| DOCUMENT # 1. Corporation Name | P95000025362 |
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DYNASTY PROPERTIES, INC.

| Principal Place of Business Mailing Address | | | | | | | | 110911031 | 45 0 5 0 501 05113 00151 | | | #111# 11#1 ###1 |
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| 1845 N.W. 108TH AVE. 1845 N.W. 108TH AVE. | | | | | | | • | | | | | |
| PLANTATION FL 33322 PLANTATION FL 33322 | | | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | | | | | - | | ŀ | 3. Date Incorpo | rated or Qualife | ed | | |
| | | | | | | | \ | 03/30/199 |)5 | | | } |
| 2. Principal Pi | lace of Business | 2a. | Mailing Address | | | | | 4. FEI Number | - | | App | plied For |
| 21 | | 26 | | | | | | 65-057018 | 89 | 4-EURT * | | t Applicable |
| Suite, Apt. i | #, etc. | | Suite, Apt. #, etc. | | | | | 5. Certifcate of | Status Desired | | \$8.75 A | I . |
| 22 | | 27 | O'the B Charles | | | | | | | | Fee Re | <u>. </u> |
| City & State | 8 | <u> </u> | City & State | | | | | Election Cam Trust Fund C | | g 🖸 | \$5.00 Added to | |
| Zip | Country | 28 | Zip | Cou | intry | | | 8. This corporat | | urrent vear | | D 1 CC3 |
| 24 | 25 | 29 | 5 .p | 30 | | | | Personal Pro | | uricin you | | □No |
| 24 | 9. Name and Address of Curre | 17:4 | tered Agent | 100 | | | | 10. Name and A | | v Register | ed Agent | |
| | | | | | 81 | Name | | | | | | |
| | HINE, ISSAM | | | | 82 | Street A | Addres | s (P.O. Box Numt | per is Not Acce | otable) | | |
| | N.W. 108TH AVE. | | | | | | | | | | | |
| PLAN | NTATION FL 33322 | | | | 83 | | | | | | | |
| l | | | | | 84 | City | | · | | _ | . 85 Zip C | Code |
| | | | | | | | | | | <u> </u> | E 83 ZIP C | |
| 11Pursuant t office or re agent. I ar | to the provisions of Sections 607.0 egistered agent, or both, in the Stat m familiar with, and accept the obli | 502 and 6 te of Florid gations of | 0711508/Florida Statu Ia. Section change was "Section 607.0505, Fl | ites, the a authorized orida Stat | bove-r 1 by th utes. | named o | corpora mation | ation submits this s board of directo | rs: I hereby ac | ne purpose cept the ap | pointment as reg | registered |
| | | | | | | | | | | | | |
| | | 14 | | | | | | _ | | 3/ | 4/99 | : |
| SIGNATURE | dignature, typed or printed name of registered a | gent and title | if applicable. (NOT | E: Registered | | | equired w | nender (fairds) | | 3/ DATE | <i>9/9</i> 9 | |
| SIGNATURE | Orginature, typed or printed name of registered & | gent and title | if applicable. (NOT | E: Registered | I Agent s | | equired w | _ | | 3/ DATE | AND DIRECTO | RS IN,12 |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered 8 OFFICERS A | gent and title | if applicable. (NOT | E: Registered 13. | I Agent s | | equired w | nender (fairds) | CHANGES TO | DATE OFFICERS | AND DIRECTO | |
| SIGNATURE 12. TITLE NAME | OFFICERS A D CHAHINE, ISSAM | gent and title | if applicable. (NOT | 13. 1.1 TI 1.2 N | I Agent s TLE AME | signature re | equired w | mentorisions/c | CHANGES TO | DATE OFFICERS | AND DIRECTO | RS IN,12 |
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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 applicase, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS