

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

FILED
May 09 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 # P95000047090 (2)

1. Corporation Name
DYNASTY WORLDWIDE TRADING, INC.



Principal Place of Business: 1800 2ND STREET, SUITE 808-9, SARASOTA FL 34236

Mailing Address: 1715 INDEPENDENCE BLVD, B-2, SARASOTA FL 34234-2141, US

3. Date Incorporated or Qualified: 06/16/1995
 3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 4475 Northgate Ct., Sarasota FL

2a. Mailing Address: 4475 Northgate Ct., Sarasota FL

22. Suite, Apt. #, etc.

23. City & State: Sarasota FL

24. Zip: 34234

4. FEI Number: 65-0585199

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:
~~LAROSSA, MICHAEL J
 1715 INDEPENDENCE BLVD
 B-2
 SARASOTA FL 34234~~

10. Name and Address of New Registered Agent:

81 Name: LES GAERDI CPA, PA

82 Street Address (P.O. Box Number is Not Acceptable): 7061 S. TAMiami TRAIL

83 SUITE 110

84 City: SARASOTA FL

85 Zip Code: 34231

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Debra Gaede* DEBRA GAERDI 4-28-97

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MICHAEL J. LAROSSA	
STREET ADDRESS	1715 INDEPENDENCE BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP President	<input type="checkbox"/> DELETE
NAME	THOMAS COOK	
STREET ADDRESS	1715 INDEPENDENCE BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thomas Cook
2.3 STREET ADDRESS	4475 Northgate Court
2.4 CITY-ST-ZIP	Sarasota FL 34234
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Thomas W. Cook* THOMAS COOK PRESIDENT 4-28-97 (941) 351 0709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)