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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 27 1998 8:00am Secretary of State

DOCUMENT # P9700083057 (4) 1. Corporation Name DYNASTIES, INC.			
Principal Place of Business Mailing Address		a ibasibat ite taret jober dbitt aum abilt barat farg	a itelt dat be giter idde fodt
3900 GALT OCEAN DR. # 2404 3900 GALT OCEAN DR. #	2404		
FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33	308	DO NOT MIDITE IN THIS S	PDAOF
		DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified	Drace
		09/24/1997	
2. Principal Place of Business 2a. Mailing Address		4 FEI Number	Applied For
21 26		65-0794325	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27		G. Commodity of States Desired	Fee Required
City & State City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country Zip	Country	Trust Fund Contribution	Added to Fees
	30	This corporation owes or has paid the curr Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent	1	10. Name and Address of New Registered A	
STARR STUART J	81 Name		
212 SOUTHEAST EIGHTH ST. MY	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	·
FORT LAUQERDALE FL 33318	Joan	Martin Frons	
\	83 3900	Coult Ocean Da	142404
\	84 City	Gan Ocean Dr	85 Zip Code
	Ft. L	auderdale. FL	2330 K
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was au 	thorized by the corporati	oration submits this statement for the purpose of ion's board of directors. I hereby accept the appl	Changing its registered pintment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Flori	ida Statutes.	• • • • • • • • • • • • • • • • • • • •	
(N A - N - M	1	2 -15-9	9 ′
SIGNATURE Standard Industrial Control of the Contro	Provo	2-15-9 ad when reinstating) DATE	8,
	Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND	
Storature, type of printed name of registered agent and title if applicable (NOTE) 12. OFFICERS AND DIRECTORS TITLE D DELETE	Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND	
Storature, type of printed name of registered agent and title if applicable (NOTE: 12. OFFICERS AND DIRECTORS TITLE D DELETE NAME FRONS, ARIC	Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
Signature, typ-1 of printed name of registered agent and title if applicable (NOTE: 12. OFFICERS AND DIRECTORS 11TLE D L DELETE NAME FRONS, ARIC STREET ADDRESS 3900 GALT OCEAN DR., #2404	Registered Agent signature require 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
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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 eath; 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:

Coan '

Marker Trove

2-15-98

561.5508