

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90127 091 ****15.00

05-03-1999 90127 092 ***135.00

DOCUMENT # P98000058591

1. Corporation Name

DYNASTY OF INDIAN RIVER, INC.

Principal Place of Business

1901 BAY ROAD, #201
VERO BEACH FL 32963

Mailing Address

1901 BAY ROAD, #201
VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1998

4. FEI Number

65-0850455

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

STEVENS, LINDA S
1901 BAY ROAD, #201
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SOMOZA, JULIO
STREET ADDRESS 9400 S.W. 103RD STREET
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☐ DELETE

NAME SOMOZA, MYRNA
STREET ADDRESS 9400 S.W. 103RD STREET
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☐ DELETE

NAME STEVENS, LINDA S
STREET ADDRESS 1901 BAY ROAD, #201
CITY-ST-ZIP VERO BEACH FL 32963

TITLE D ☒ DELETE

NAME SCHOENFELD, RONALD S
STREET ADDRESS 116 LANDIS COURT
CITY-ST-ZIP MACON GA 31220

TITLE D ☒ DELETE

NAME SCHOENFELD, OFELIA P
STREET ADDRESS 116 LANDIS COURT
CITY-ST-ZIP MACON GA 31220

TITLE D ☒ DELETE

NAME PEREZ, ONEIL
STREET ADDRESS 3720 EAGLE DRIVE
CITY-ST-ZIP VERO BEACH FL 32963

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 address, with all other like empowered.

SIGNATURE:

Linda S. Stevens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA S. STEVENS 1/13/99 561/231-7732
Date Daytime Phone #

017557

CR2E034 (1/98)