

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

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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S41314** (3)

1. Corporation Name
DYNASTY FURNITURE MANUFACTURING, INC.

Principal Place of Business

**4700 NW 15 AV
BAY 4
FT LAUDERDALE FL 33309
US**

Mailing Address

**4700 NW 15 AV
BAY 4
FT LAUDERDALE FL 33309-3767
US**

3. Date Incorporated or Qualified 03/26/1991	3a. Date of Last Report 04/29/1996
4. FEI Number 65-0253588	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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**DICUIA, EDWARD
4700 NW 15 AVE
BAY 4
FT LAUDERDALE FL 33309**

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 **P** ☐ DELETE
NAME **DICUIA, EDWARD**
STREET ADDRESS **3082 NW 72 AVENUE**
CITY-ST-ZIP **MARGATE FL**

TITLE **V** ☐ DELETE
NAME **DICUIA, JAMES**
STREET ADDRESS **171 SW 79TH AVE**
CITY-ST-ZIP **MARGATE FL**

TITLE **V** ☐ DELETE
NAME **JULIANO, ANTHONY**
STREET ADDRESS **9701 NW 2ND ST**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **S** ☐ DELETE
NAME **JULIANO, KIMBERLY**
STREET ADDRESS **9701 NW 2ND ST**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

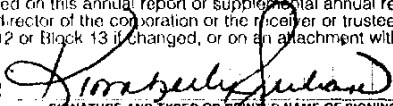
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 **RICHARD DICUIA**
5.3 STREET ADDRESS **3082 NW 72 AVE**
5.4 CITY-ST-ZIP **MARGATE FL 33063**

6.1 TITLE ☐ Change ☐ 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 officer 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:  **Kimberly Juliano** 4/3/97 954-776-3733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0267020

CR2E034 (9/96)