

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J38644** (7)

1. Corporation Name

**DYNASTY CAPITAL CORPORATION**



Principal Place of Business

**4 WEST DRY CREEK CIRCLE  
STE. 140  
LITTLETON CO 80120**

Mailing Address

**4 WEST DRY CREEK CIRCLE  
STE. 140  
LITTLETON CO 80120**

3. Date Incorporated or Qualified  
**10/01/1986**

3a. Date of Last Report  
**04/10/1995**

2. Principal Place of Business

21 **26 W. Dry Creek Circle**

2a. Mailing Address

26 **26 W. Dry Creek Circle**

4. FEI Number

**59-2773602**

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22 **Suite 600**

27 **Suite 600**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

23 **Littleton, CO 80120**

28 **Littleton, CO 80120**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **80120**

25 **USA**

29 **80120**

30 **USA**

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HACKNEY, ROBERT C  
11891 US HIGHWAY ONE  
N. PALM BEACH FL 33408**

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 reg. agent, and date of appointment

Signature, typed or printed name of new reg. agent, and date of appointment

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	<b>MATHIS, ERNEST</b>	
STREET ADDRESS	<b>4 WEST DRY CREEK CIRCLE, STE. 140</b>	
CITY-ST-ZIP	<b>LITTLETON CO 80120</b>	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	<b>MCADAM, GARY</b>	
STREET ADDRESS	<b>4 WEST DRY CREEK CIRCLE, STE. 140</b>	
CITY-ST-ZIP	<b>LITTLETON CO 80120</b>	
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		

1. TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Mathis, Earnest</b>	
13 STREET ADDRESS	<b>26 West Dry Creek Circle; Ste.600</b>	
14 CITY-ST-ZIP	<b>Littleton, CO 80120</b>	
2. TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>McAdam, Gary</b>	
23 STREET ADDRESS	<b>14 Red Tail Drive</b>	
24 CITY-ST-ZIP	<b>Highlands Ranch, CO 80126</b>	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President* **5/13/96** (303) 794-9450

CR2E034 (12/95)