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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **352235** (6)
1. Corporation Name
DULANDO SCREEN & AWNING INC

Principal Place of Business
**635 SUNSHINE LANE
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**635 SUNSHINE LANE
ALTAMONTE SPRINGS FL 32714**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	09/15/1969	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1272462	
24	Country	29	Country	Applied For	
		30		Not Applicable	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
OWEN, RICHARD B. 5250 S. HIGHWAY 17-92 CASSELBERRY FL 32707		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	DUNCAN, BERNARD	1.2 NAME	
STREET ADDRESS	5010 DOUBLE R LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVEIDO FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	DUNCAN, LINDA M.	2.2 NAME	
STREET ADDRESS	5010 DOUBLE R LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVEIDO FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	DUNCAN, DAVID	3.2 NAME	
STREET ADDRESS	4 HERITAGE COVE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *Sandra B. Mortham* *David Duncan, Vice-Pres* 2/24/98

CR2E034 (10/97)