


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90026 016 ***550.00

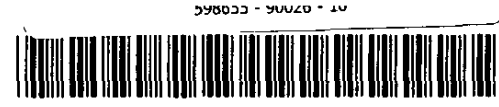
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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G25771

1. Corporation Name
DSSD INTERNATIONAL, INC.

Principal Place of Business -21-N.W.-44TH-ST.- LAWTON OK-73506--	Mailing Address 1840 CENTURY PARK EAST LOS ANGELES CA 90067 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1840 CENTURY PARK EAST Suite, Apt. #, etc.	2a. Mailing Address 26 1840 CENTURY PARK EAST Suite, Apt. #, etc.
22 City & State 23 LOS ANGELES, CA	27 City & State 28
24 Zip 90067	25 Country U.S.
29 Zip	30 Country

3. Date Incorporated or Qualified 02/28/1983	4. FEI Number 59-2266555	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOBBS, GARY P	
STREET ADDRESS	2411 DULLES CORNER PK #400	
CITY-ST-ZIP	HERNDON VA 20171	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, HERBERT W	
STREET ADDRESS	2411 DULLES CORNER PARK #400	
CITY-ST-ZIP	HERNDON VA 20171	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, JAMES C	
STREET ADDRESS	1840 CENTURY PARK E.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBBS, NELSON F	
STREET ADDRESS	1840 CENTURY PARK E.	
CITY-ST-ZIP	LOS ANGELES CA 90067	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOVIUS, STEPHEN C	
STREET ADDRESS	2411 DULLES CORNER PK #400	
CITY-ST-ZIP	HERNDON VA 20171	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PRESIDENT/DIRECTOR
2.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SECRETARY
3.2 NAME	JOHN H. MULLAN
3.3 STREET ADDRESS	1840 CENTURY PARK EAST
3.4 CITY-ST-ZIP	LOS ANGELES, CA 90067
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **SIGNATURE REQUIRED** JOHN H. MULLAN 7/23/99 (310) 201-3081

CR2E034 (5/99)