

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  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90113 044 \*\*\*150.00

DOCUMENT # 409706

1. Corporation Name

DUNEYSTEIN CORPORATION

Principal Place of Business

531 INDIAN HARBOR RD.  
VERO BCH FL 32963

Mailing Address

531 INDIAN HARBOR RD.  
VERO BCH FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1972

4. FEI Number

59-1454624

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.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

O'HAIRE, MICHAEL  
3103 CARDINAL DRIVE  
VERO BCH FL 32960

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 PD ☐ DELETE

NAME MORRISON, JOHN J  
STREET ADDRESS 531 INDIAN HARBOR RD  
CITY-ST-ZIP VERO BEACH, FLORIDA 0

TITLE STD ☐ DELETE

NAME MORRISON, BARBARA J  
STREET ADDRESS 531 INDIAN HARBOR RD  
CITY-ST-ZIP VERO BEACH, FLORIDA 0

TITLE D ☐ DELETE

NAME BECKLEY, BARBARA L  
STREET ADDRESS 9091 PAINTED BUNTING LN  
CITY-ST-ZIP VERO BEACH, FLORIDA 0

TITLE D ☐ DELETE

NAME LUCIE, SHARON M  
STREET ADDRESS 3804 MCGIRTS BLVD  
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE D ☒ DELETE

NAME WILLIAMS, LYNN B  
STREET ADDRESS 125 HIGHWAY A1A, APT 506  
CITY-ST-ZIP SATELLITE BCH FL 32937

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Morrison 2-5-99 561-231-2967

Date

Daytime Phone #

0117920

CR2E034 (11/98)