

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 13, 1999 8:00 am
Secretary of State

03-13-1999 90002 010 ***476.25

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DOCUMENT # 425917

1. Corporation Name

DUSA DISTRIBUTION CENTER, INC.

Principal Place of Business

2900 DUSA DR
MELBOURNE FL 32935
US

Mailing Address

2900 DUSA DR
MELBOURNE FL 32935
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1973

4. FEI Number

59-1486305

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 7175 N. WICKHAM RD.
Suite, Apt. #, etc.

2a. Mailing Address

26 PO BOX 410336
Suite, Apt. #, etc.

City & State

23 MELBOURNE FL

Zip Country

24 32940 25 BREVARD

City & State

28 MELBOURNE FL

Zip Country

29 32941-0336 30 BREVARD

9. Name and Address of Current Registered Agent

SCHNEIDER, DUANE E
2900 DUSA DR
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name

SCHNEIDER, DUANE E.

82 Street Address (P.O. Box Number is Not Acceptable)

7175 N. WICKHAM RD.

83

84 City

MELBOURNE

FL

85 Zip Code

32940

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 ☐ DELETE

TITLE PD
NAME SCHNEIDER, DUANE
STREET ADDRESS 4455 LAKE WASHINGTON RD
CITY-ST-ZIP MELBOURNE, FL 00000 32934

TITLE TD ☐ DELETE

NAME SCHNEIDER, SANDRA
STREET ADDRESS 4455 LAKE WASHINGTON RD
CITY-ST-ZIP MELBOURNE, FL 00000 32934

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 PDS SCHNEIDER, DUANE E.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME TV SCHNEIDER, SANDRA

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: DUANE E. SCHNEIDER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/99 407-254-5844
Date Daytime Phone #

CR2E034 (11/98)