

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 697426 (5)

1. Corporation Name
ACCUDYNE CORPORATION

Principal Place of Business 1415 FOUNDATION PARK BLVD PALM BAY FL 32909 US	Mailing Address 1415 FOUNDATION PARK BLVD PALM BAY FL 32909 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/04/1981	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2114632		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAWSON, JAMES A. 1415 FOUNDATION PARK BLVD SE PALM BAY FL 32909				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE		11 TITLE	XXXXXXXXXX	Change	Addition
NAME	LAWSON, JAMES A.			12 NAME	XXXXXXXXXX		
STREET ADDRESS	11540 POINT DR			13 STREET ADDRESS	XXXXXXXXXX		
CITY-ST-ZIP	S MERRITT ISLAND FL			14 CITY-ST-ZIP	XXXXXXXXXX		
TITLE	SD	DELETE		21 TITLE	VP, CFO	Change	Addition
NAME	LAWSON, BARRI W.			22 NAME	HANDA, SUNDEEP		
STREET ADDRESS	11540 POINT DR			23 STREET ADDRESS	1415 FOUNDATION PARK BLVD. SE		
CITY-ST-ZIP	S MERRITT ISLAND FL			24 CITY-ST-ZIP	PALM BAY, FL 32909		
TITLE	D	DELETE		31 TITLE	D	Change	Addition
NAME	LAWSON, FLOYD H.			32 NAME	MIDA, RICHARD		
STREET ADDRESS	45 ELLEN ST			33 STREET ADDRESS	31700 TELEGRAPH RD., SUITE 220		
CITY-ST-ZIP	BINGHAMTON NY			34 CITY-ST-ZIP	BIRMINGHAM, MI 48025		
TITLE	VP	DELETE		41 TITLE	VP	Change	Addition
NAME	SZUBA, THOMAS D.			42 NAME	SZUBA, THOMAS D.		
STREET ADDRESS	4200 GAREYWOOD			43 STREET ADDRESS	1415 FOUNDATION PARK BLVD. SE		
CITY-ST-ZIP	MELBOURNE FL			44 CITY-ST-ZIP	PALM BAY, FL 32909		
TITLE		DELETE		51 TITLE		Change	Addition
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		DELETE		61 TITLE		Change	Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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.

CR2E034 (10/97)