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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90110 017 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 697426

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

3. Date Incorporated or Qualified

08/04/1981

4. FEI Number

59-2114632

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

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

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

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 **P** ☐ DELETE
NAME **LAWSON, JAMES A.**
STREET ADDRESS **11540 POINT DR**
CITY-STATE-ZIP **S MERRITT ISLAND FL 32952**

TITLE **VPCF** ☐ DELETE
NAME **HANDA, SUNDEEP**
STREET ADDRESS **1415 FOUNDATION PARK BLVD, S E**
CITY-STATE-ZIP **PALM BAY FL 32909**

TITLE **D** ☒ DELETE
NAME **MIDA, RICHARD**
STREET ADDRESS **31700 TELEGRAPH RD, STE 220**
CITY-STATE-ZIP **BIRMINGHAM MI 48025**

TITLE **VP** ☐ DELETE
NAME **SZUBA, THOMAS D**
STREET ADDRESS **1415 FOUNDATION PARK BLVD, SE**
CITY-STATE-ZIP **PALM BAY FL 32909**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **LAWSON, FLOYD H.**
1.3 STREET ADDRESS **1415 FOUNDATION PARK BLVD. SE**
1.4 CITY-STATE-ZIP **PALM BAY, FL 32909**

2.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
2.2 NAME **LAWSON, BARI**
2.3 STREET ADDRESS **11540 POINT DRIVE**
2.4 CITY-STATE-ZIP **S. MERRITT ISLAND, FL 32952**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 indicate I 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

(407) 724-6500

Date

Daytime Phone #

CR2E034 (11/98)