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

DOCUMENT # K26592

1. Corporation Name

DANDURAND CORPORATION

Principal	Place	of	Business

Mailing Address

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90119 011 ***150.00



7800 W OAKLAND PK BLVD BLDG. G Sunrise Fl 33351			7800 W OAKLAND PK BLVD., BLDG. SUNRISE FL 33351					DO NOT WRITE IN THIS	SDACE	:
							1	Date Incorporated or Qualifed 06/20/1988	3FA00	
2. Principal Plac	e of Business	2a.	Mailing Address				4.	FEI Number		Applied For
11		26						65-0131316		Not Applicable
Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.				5.	Certificate of Status Desired		75 Additional e_Required
City & State		28	City & State				6.	Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country 25	29	Zip	Cour	ntry		8.	This corporation owes the current year In Personal Property Tax.	tangible	□No
:L	9. Name and Address of Cur	ent Regis	stered Agent				10.	Name and Address of New Registered	Agent	
DANDL	JRAND, LUCIEN				81	Name				
7800 V	VEST OAKLAND PARK BLVI).			82	Street Addre	ess (F	P.O. Box Number is Not Acceptable)		
BLDG. G SUNRISE FL 33351			83							
				84	City		FL	85	Zip Code	
44 Purcuant to	the provisions of Sections 607 (502 and 6	07 1508 Florida Statute	es the ab	OOVE	-named corpo	ratio	n submits this statement for the purpose of	changir	g its registered

reiscant to the provisions of Sections 607,0002 and 607,1006, 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. Re	egistered Agent signature re	equired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DANDURAND, LUCIEN	1.2 NAME	
STREET ADDRESS	1734 MCKINLEY ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	•
STREET ADDRESS		2.3 STREET ADDRESS	,
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	*☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP	_	3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	•
STREET ADDRESS		5.3 STREET ADORESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLÉ	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	,
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	in Section 119 07(3)(i). Florida Statutes, I further certify that the information

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 adoress, with all other like empowered. IRESIDENT

SIGNATURE: &