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Mar 13, 1999 8:00 am  
Secretary of State

03-13-1999 90002 010 \*\*\*476.25

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M81320**

1. Corporation Name  
**DUSAND COMPANY, INC.**

Principal Place of Business 2900 SMITH ROAD BOX 361553 MELBOURNE FL 32936-8553	Mailing Address 2900 SMITH ROAD BOX 361553 MELBOURNE FL 32936-8553
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7175 N. WICKHAM RD</b> Suite, Apt. #, etc. 22 City & State 23 <b>MELBOURNE FL</b> Zip 24 <b>32940</b> Country 25 <b>BREVARD</b>		2a. Mailing Address 26 <b>PO BOX 410336</b> Suite, Apt. #, etc. 27 City & State 28 <b>MELBOURNE FL</b> Zip 29 <b>32941-0336</b> Country 30 <b>BREVARD</b>		3. Date Incorporated or Qualified <b>05/13/1988</b>	
		4. FEI Number <b>59-2895431</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

SCHNEIDER, DUANE E  
2900 DISA DR

MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name <b>DUANE E SCHNEIDER</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7175 N. WICKHAM RD,</b>
83
84 City <b>MELBOURNE</b> FL 85 Zip Code <b>32940</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SCHNEIDER, DUANE E. 2900 DUSA DR MELBOURNE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PSD SCHNEIDER, DUANE E. 7175 N. WICKHAM RD MELBOURNE FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SCHNEIDER, SANDRA L. 2900 DUSA DR MELBOURNE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VT SCHNEIDER, SANDRA L. 7175 N. WICKHAM RD MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/99 407-254-5844

Date

Daytime Phone #

CR2E034 (11/98)