

P 404 270 901  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000053185 (0)**  
 1. Corporation Name  
**S & L DUNN, INC.**



Principal Place of Business <b>1780 MOHAWK TRAIL MAITLAND FL 32751 US</b>	Mailing Address <b>1780 MOHAWK TRAIL MAITLAND FL 32751 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/17/1996</b>	
21		26		4. FET Number <b>59-3387274</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DUNN, SEAN J 1780 MOHAWK TRAIL MAITLAND FL 32751</b>				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0612 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	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DUNN, SEAN J</b>			1.2 NAME			
STREET ADDRESS	<b>1780 MOHAWK TRAIL</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>			1.4 CITY-ST-ZIP			
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>DIXON, LAURA A</b>			2.2 NAME	<b>DUNN, LAURA A.</b>		
STREET ADDRESS	<b>1780 MOHAWK TRAIL</b>			2.3 STREET ADDRESS	<b>1780 MOHAWK TRAIL</b>		
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>			2.4 CITY-ST-ZIP	<b>MAITLAND FL 32751</b>		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BROWN, MURRAY S</b>			3.2 NAME			
STREET ADDRESS	<b>1900 PARK AVENUE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>			3.4 CITY-ST-ZIP			
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>ANDRUKIEWICZ, DAVID</b>			4.2 NAME	<b>DUNN, LAURA A.</b>		
STREET ADDRESS	<b>1900 PARK AVENUE</b>			4.3 STREET ADDRESS	<b>1780 MOHAWK TRAIL</b>		
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>			4.4 CITY-ST-ZIP	<b>MAITLAND FL 32751</b>		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: *Sean J. Dunn* **SEAN J. DUNN 4-29-98 407-975-9656**

CR2E034 (10/97)