SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089574 1. Corporation Name

DUSSAC CORP.

Mailing Address Principal Place of Business 1064 SUNSET STRIP 5966 N.W. 24 PLACE SUNRISE FL 33313 SUNRISE FL 33313 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/28/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0711547 Not Applicable 21 26 Suite, Apt, #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes the current year [☐]Yes 29 Intangible Personal Property. __ No 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OSGOOD, MARK Street Address (P.O. Box Number is Not Acceptable) 5966 NORTHWEST 24TH PLACE SUNRISE FL 33313 83

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.

84 City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 1.1 TITLE TITLE n ___ Change ___ Addition DELETE CR2E034 OSGOOD, MARK 1.2 NAME NAME 5966 NORTHWEST 24TH PLACE 1 3 STREET ADDRESS STREET ADDRESS SUNRISE FL 33313 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE TITLE DELETE _ Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE Change TITLE DELETE ! Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE Change DELETE Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE DELETE TITLE Change Addition 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TITLE DELETE Change Addition 6.2 NAME NAME 6.3 STREET ADDRESS 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 chapter 607, or on an attachment with an address.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

85

Zip Code

FILED

Jul 22, 1999 8:00 am

Secretary of State

07-22-1999 90004 004 ***150.00

To Whom It May Couseurs 593348-90004-4 P96000089574 the filing fee of am sony to be souding so late but I veries received my first notice. the first filing fee If there is any problem with this is can contact me at (954) 748-1185.

Sony for all the twordle and confusion.