**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000087460

1. Corporation	n Name										
ACCUDYNE CML, INC.					A SERVICE HE SELL LEGIS CALL CALL	1117 <b>48</b> 181 (1811) (1	15L) <b>G</b> (R <b>(A</b> A	ero <b>Pe</b> ro 1 <b>39</b> 1			
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Principal Place	e of Rusiness		ailing Address			—–	- I LEANIER THE HOUSE FRENT BONN ORDER R	Piles Others (Ores c	1111 <b>2</b> 4 140 4	ing out that	
Principal Place of Business Mailing Address  1415 FOUNDATION PARK BLVD SE 1415 FOUNDATION PARK BLVD PALM BAY FL 32909  PALM BAY FL 32909											
							an vint vinite	N 7000 COA	c.		
							90 NOT WRITE I	N THIS SPA	CE.		
							3. Date ir corporated or Qualifed 10/03/1997				
2. Principa P	lace of Business	2a	Mailing Address				4, FEI Number		Арр	ied For	
21		26					<u>59-3477187</u>			Applicable	i
Suite, Ant.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>, \$</b> ;	B.75 Ai Fee Rec		1
22		27	City & State				Time Signature				i.
جـــــــ City & Stat	·	28	City & State				-6Election Campaign. Financing Trust Fund Contribution	]	5.00 A Added to		_==
Zip	Country	20	Zip	Cou	intry		a. This corporation owes the current	year Intangib			i
24	25	29	-,	30	-		Personal Property Tax.	<u> </u>		]No	ii
	9. Name and Address of Current	المتتا	stered Agent				10. Name and Address of New Regi	stered Ager	ıt		!
					81 Nam		NES LAWSON				i
	SE, GARY B				82 Stree	J / A	ss (P.O. Box Number is Not Agceptable				!
-9:0-3 HARBOR CITY BLVD, STE 505"					1		FOUNTATION PARK	BLYD	<u>SE</u>		ļ
-MEL	BOURNE FL 32901				83						i
					84 City	<del>_</del>		B5	Zip C	de _	ii
					1 1 1	O <sub>Ai-N</sub>	n BAY.	FLI	Zip Ci	309	i.
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statu	es, the a	bove-name f by the cor	d ccrpo rottstog	ration submits this statement for the purious board of cirectors. I hereby accept the	pose of chan e appointme	ging its re nt as reg	stered stered	i
agent. I a	m familiar with land a gept the of gar	ns of	Section 607.0505, Fk	rida Stat	ules.		5/10/	na	_		
SIGNATURE	X VWIX V JU							DATE -		<u> </u>	_
	Signature, typed or printed name of registered agent OFFICERS ANI			: Registered	Agent signatur	e Ledi rueq	when reinstatung) ADDITKINS/CHANGES TO OFFICE	<del></del>	RECTOR	S IN 12	86
12.	VP OFFICERS AND	UIK	DELETE	1.1 TI	TLE	TPA	ESIDENT   DIRECTOR		Change	Addition	=
NAME	SZUBA, THOMAS		_	1 2 N		1.7		، و	C=	<b>'</b>	×
STREET ADDRESS	1415 FOUNDATION PARK BLVD	SE		135	REET ADDRES	s 14	W ON, JAMES IS FOUNDATION PAR	K ZILYD	, JE		
CITY-ST-ZIP	PALM BAY FL 32909	-		1,4 CI	TY-ST-ZIP	PA	LM BAY FL 3290	9			CR2E034 (11/98)
TITLE	VPCF		☐ DELETE	2.1 TT			RECTCL		Change	Addition	ပ
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STREET ADDRESS		SE	,	2381	REET ADDRES	S   14 1	5 FOLLNDATION PARK	CLYD,	SE		
CITY-ST-ZIP	PALM BAY FL 32909			2.40	TY-ST-ZIP	LPA.	LM BAY FL 32909			B-0 1 1 00	
πιε	<del></del>		DELETE	3 1 TT		121	RECTOL.		Change	Addition	ı
NAME											ı
	MIDA. RICHARD	_	•	3.2 N		L.A	WSON, BARI	Riva	T (20		
STREET ADDRESS	31700 TELEGRAPH RD. STE P2	<u>e</u> -	·		WIE REET ADDRES	S /4/	5 FOUNDATION PARK L	BLYD, 5	E		
STREET ADDRESS CITY-ST-ZIP		<u>e-</u>		3.3 S1 34. C	REET ADDRES	S /4/	wson, Bari 5 Foundation Park I <u>LM Bay, FL 3290</u>	<b>7</b> _		☐ Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	31700 TELEGRAPH RD. STE P2	<del>2-</del>	☐ DELETE	3.3 ST 34. C 4.1 TT 4.2 N 4.3 ST	TREET ADDRES ITY-ST-ZIP TLE AME TREET ADDRES	\$ 141 PA	5 FOUNDATION PARK L	<b>7</b> _		Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	31700 TELEGRAPH RD. STE P2	<b>2-</b>		33 S1 34. C 4.1 TI 4.2 N 4.3 S1 4.4 CI	TREET ADDRES ITY-ST-ZIP TLE AME FREET ADDRES TY-ST-ZIP	\$ 141 PA	5 FOUNDATION PARK L	<b>-</b>	Change	Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	31700 TELEGRAPH RD. STE P2	<del>2-</del>		3.3 ST 34. C 4.1 TT 4.2 N 4.3 ST 4.4 CT 5.1 TT 5.2 NA 5.3 ST	TREET ADDRES TY-ST-ZIP TLE AME TREET ADDRES TY-ST-ZIP TLE	s /4/ PA	5 FOUNDATION PARK L	<b>-</b>	Change		!
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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 Lam 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 effect ment with an address, with all other like empowered.

NUTED HAVE OF SIGNING OFFICE OR ORECTOR

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: X

STREET ADDRESS

(407) 7:4-6500

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90110 018 \*\*\*150.00