## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

356387

(1)

DIMENSION V, INC.

rancipal made of business	
598 SEABREEZE DRIVE	
INDIALANTIC FL 32903	

Mailing Address

598 SEABREEZE DRIVE INDIALANTIC FL 32903



3. Date Incorporated or Qualified 3s. Date of Last Report

10/00/11000

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2. Pancipal Pla 1	ncipal Place of Business 28. Mailing Address				4, FEI Number	<b>├</b>	Applied For	
J		26			59-1294262		Not Applicable	
Suite, Apt. #	<b>,</b> eic.	Stuitc, Apt. #, etc.		1 3. Condicate of Status Desired 1 1			Additional Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	4	\$5.00 May Be Added to Fees	
Zip	Zip Country ži		Country		8. This corporation has liability or intar	ngille tax under s	199.032,	
4 25 29			30		Florida Statutes Yes	No		
	9. Name and Address of Cui	rrent Registered Agent	81		10. Name and Address of New Regi	stered Agent		
MUIR, CAROLE S. 598 SEABREEZE DR. INDIALANTIC FL 32903				Name				
				Street Addr	ress (P.O. Box Number is Not Acceptable)			
			84	Crty		<b>85</b> Zij	o Code	
or registere	ed agent, or both, in the State of F	llorida. Such change was authori.	zed by the corpo	amed corpor pration's boa	ration submits this statement for the purpos rd of directors. Thereby accept the appointr	e of changing its r	egistered off	
familiar with	h, and accept the obligations of, S	Section 607.0505, Florida Statute	S.		2.2. Electore Printerly decopie and appoint	no it as registered	appoint tidiri	
IGNATURE _						_		
2.	Signature, typed or printed name of registered a	agent and title it approach (N AND DIRECTORS	Olf Registered Agest	Soji kafune neopore		DA"E	50 11 10	
LF	PD	DELETE	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO		
ME.	MUIR,JAMES H	L_J bitti				☐ Criange	Addition	
REEL ADDRESS	598 SEABREEZE DR		1.2 NAME	16.00/.65				
	INDIALANTIC FL		1.3 STREET					
TY-ST-ZIP	V	DELETE	1.4 CITY - ST 2.1 TITLE	1 - ZIP			<u> </u>	
AME.	MUIR, CHRISTOPHER J.	[] 0.1111				☐ Change	Addit on	
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	INDIALANTIC FL		2.3 STREET.					
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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

Carole S. Meur/Carole 5. Muir
SIGNATURE AND TYPES OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

4/8/96 (401)724-1414