## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000077208

STRUCTURAL DIMENSIONS, INC.

Principal Place of Business	Mailing Address
1745 HOLLYWOOD AVE.	1745 HOLLYWOOD AVE.
WINTER PARK FL 32789	WINTER PARK FL 32789

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90006 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					11/01/1993		_	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For	
21		26			59-3208110	No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	Additional equired	
City & State	<b>-</b>	- City & State			6. Election Campaign Financing	<b>-\$5:00</b>	May Be	
23		28			Trust Fund Contribution	•	to Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intar	ngible	,	
24	25	29	30		Personal Property Tax.	☐ Yes	□No	
<u></u>	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered A	gent		
			1	31 Name				
STEPUTAT, CHRISTIAN C				82 Street Address (P.O. Box Number is Not Acceptable)				
1745 HOLLYWOOD AVE.				Street Address (F.O. Box Number is Not Acceptable)				
WINTER PARK FL 32789			1	33				
					and the second s	Tarl 7:-	0-1-	
			1	B4 City	FL	85   Zip	Code	
44 Dureuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statute	s the abo	l ove-named c	corporation submits this statement for the purpose of cl	hanging its	registered	
office or r	onictored agent or both in the State C	of Florida. Such change was au	ithorized i	nv tne corpoi	ration's board of directors. I hereby accept the appoint	ment as re	egistered	
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flori	ida Statut	es.				
SIGNATURE		and the Management of the Control	Daniel	aont riaretus	quired when reinstating) DATE			
	Signature, typed or printed name of registered agent OFFICERS AND		13.	gent signature rec	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12	
12.	PTD OFFICERS AND	DELETE	1.1 TITL	e 1		Change	Addition	
TITLE	*	[] OCEC14	•			_ ,	_	
NAME	STEPUTAT, CHRISTIAN C		1.2 NAM					
STREET ADDRESS	1745 HOLLYWOOD AVE.		1.3 STR	EET ADDRESS				
CITY-ST-ZIP	WINTER PARK FL 32789			/-ST-ZIP				
TITLE		☐ DELETE	2.1 TITL	E		☐ Change	Addition	
NAME	,		2.2 NAM	Œ				
STREET ADDRESS			2.3 STR	EET ADORESS				
CfTY-ST-ZIP	_		2. 4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	3.1 TITL	E		Change	☐ Addition	
NAME			3.2 NAN	4E				
STREET ADDRESS			3.3 STR	EET ADDRESS	•			
CITY-ST-ZIP				Y≁ST-ZIP				
TITLE		☐ DELETE	4.1 TITL			Change	Addition	
NAME			4. 2 NA					
STREET ADDRESS				EET ADDRESS				
				-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITL			Change	☐ Addition	
i	}	_ 0222.5	5.1 MA			_ •	_	
NAME			1	EET ADDRESS				
STREET ADDRESS				/-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	6.1 TITL			Change	☐ Addition	
TITLE		☐ DELE1E	B			Criainge	LJ AGGIGOTI	
NAME			6.2 NAN	J				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				/-ST-ZIP				
		h this filing done not qualify for	the even	ntion stated	in Section 119 07(3)(i) Florida Statutes I further certif	iv that the	information	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(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.

