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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000076871 (0)**  
1. Corporation Name  
**DIMENSIONS PLUS, INC.**

Principal Place of Business      Mailing Address  
**28100 U.S. 19 NORTH, SUITE 504  
CLEARWATER FL 34621**      **28100 U.S. 19 NORTH, SUITE 504  
CLEARWATER FL 34621**

DO NOT WRITE IN THIS SPACE

|   |   |  |   |
|---|---|--|---|
| 2. Principal Place of Business              | 2a. Mailing Address                         | 4. FEI Number  | 3a. Date of Last Report                                 |
| 21 <b>2555 ENTERPRISE RD</b>                | 2555 ENTERPRISE RD                          | <b>59-3272757</b>                                      | <b>N/A</b>  |
| 22. Suite, Apt. #, etc.<br><b>SUITE 9-1</b> | 27. Suite, Apt. #, etc.<br><b>SUITE 9-1</b> | 5. Certificate of Status Desired                       | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23. City & State<br><b>CLEARWATER, FL</b>   | 28. City & State<br><b>CLEARWATER, FL</b>   | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees    |
| 24. Zip<br><b>34623-1150</b>                | 25. Country<br><b>PINELLAS</b>              | 29. Zip<br><b>34623-1150</b>                           | 30. Country<br><b>PINELLAS</b>                          |

9. Name and Address of Current Registered Agent

**SOROTA, JOSEPH J JR.  
28100 U.S. 19 NORTH, SUITE 504  
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| B1 Name   | B5 Zip Code |
| B2 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| B3  |             |
| B4 City   |             |

11. 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | <b>D</b>                        | 1. TITLE  | <b>D + P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME                       | <b>SOROTA, DONALD M</b>         | 2. NAME   |  |
| STREET ADDRESS             | <b>171 WOODCREEK DRIVE WEST</b> | 3. STREET ADDRESS                                     |  |
| CITY - ST - ZIP            | <b>SAFETY HARBOR FL 34895</b>   | 4. CITY - ST - ZIP                                    |  |
| TITLE                      | <b>D</b>                        | 21. TITLE   | <b>D + VP + T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SOROTA, DONALD J</b>         | 22. NAME  |  |
| STREET ADDRESS             | <b>171 WOODCREEK DRIVE WEST</b> | 23. STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>SAFETY HARBOR FL 34895</b>   | 24. CITY - ST - ZIP                                   |  |
| TITLE                      | <b>D</b>                        | 31. TITLE   | <b>D + VP + S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SOROTA, VIRGINIA R</b>       | 32. NAME  |  |
| STREET ADDRESS             | <b>171 WOODCREEK DRIVE WEST</b> | 33. STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>SAFETY HARBOR FL 34895</b>   | 34. CITY - ST - ZIP                                   |  |
| TITLE                      |                                 | 41. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| NAME                       |                                 | 42. NAME  |  |
| STREET ADDRESS             |                                 | 43. STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                 | 44. CITY - ST - ZIP                                   |  |
| TITLE                      |                                 | 51. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| NAME                       |                                 | 52. NAME  |  |
| STREET ADDRESS             |                                 | 53. STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                 | 54. CITY - ST - ZIP                                   |  |
| TITLE                      |                                 | 61. TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                              |
| NAME                       |                                 | 62. NAME  |  |
| STREET ADDRESS             |                                 | 63. STREET ADDRESS                                    |  |
| CITY - ST - ZIP            |                                 | 64. CITY - ST - ZIP                                   |  |

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 110.07(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: *Donald M. Sorota* P + D      4-17-95      813-779-2888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Title      (Type Here)

**DONALD M. SOROTA**