

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

PROFIT CORPORATION ANNUAL REPORT 1996



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
**2555 ENTERPRISE RD.
SUITE 9-1
CLEARWATER FL 34623-1150
US**

Mailing Address
**2555 ENTERPRISE RD.
SUITE 9-1
CLEARWATER FL 34623-1150
US**

3. Date of Incorporation or Qualified: **10/19/1994**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **59-3272757**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

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
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0532 and 607.1404, Florida Statutes, the above named corporation solemnly 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, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature for person to be changed, Section 607.0505, Florida Statutes

Signature of Agent, Section 607.0505, Florida Statutes

Date

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SOROTA, DONALD M	
STREET ADDRESS	171 WOODCREEK DRIVE WEST	
CITY-STATE-ZIP	SAFETY HARBOR FL	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	SOROTA, DONALD J	
STREET ADDRESS	171 WOODCREEK DRIVE WEST	
CITY-STATE-ZIP	SAFETY HARBOR FL	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	SOROTA, VIRGINIA R	
STREET ADDRESS	171 WOODCREEK DRIVE WEST	
CITY-STATE-ZIP	SAFETY HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided by 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: *Donald M. Sorota*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD M. SOROTA

3-27-96 813-779-2888

CR2E034 (12/95)