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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 14 1998 8:00am

Secretary of State

561-

PATRICIA A. SPRIGGS

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name 599147

(6)

**NEW DIMENSION REALTY & DEVELOPMENT INC.** 

(,_,,					
Principal Place of Business Mailing Address					E(L 8701) 6701 0101 0101 0101 0101 1001
10897 154TH RD NO JUPITER FL 33478 US		10897 154TH RD NO JUPITER FL 33478 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				01/05/1979	
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For
21		26		59-1882264	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
City & Stato		City & State			Fee Required
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zψ	Country	8. This corporation owes or has paid	
24	25	29	30	Personal Property Tax due June 30	
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Regis	tered Agent
WHITE, CHARLES  725 N AA STE E-102  JUPITER FL 33478  82 Street Address (P.O. Box Number is Not Acceptable)  83 83					
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 are termined with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  (NOTE: Registered Agent signature required when reinstaining)  DATE					
				to mentalistic square	
12.	PD	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	is and directors in 12
NAME	SPRIGGS, PATRICIA A		1.2 NAME	milion of Africa	
STREET ADDRESS	10897 154TH RD N		1.3 STREET ADDRESS	. 7	
CITY-ST-ZIP	JUPITER FL		1.4 C/TY - ST - Z/P		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE		ב_ טוננונ	3.1 TITLE 3.2 NAME		Li Change Li Addition
NAME Street address			3.3 STREET ADDRESS		İ
CITY+ST-ZIP			3.4. C(1) Y - S1 - Z(P		
TITLE		DE4.FTE	4.1 TiTLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - 7(P		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		The same	5.4 C/TY - ST - 7/P		
TITLE		<b>∐</b> DELET <b>e</b>	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ortify that the information complied y	with this filling does not qualif	v for the exemption stated in	Section 119 07(3)(i). Florida Statutes J fur	ther certify that the information
14. Thereby 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 logal effect as if made under oath; that I am an officer or director of the corporation or the recever 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					