

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F75679 (3)
1. Corporation Name
DIMENSIONAL TRADE INDUSTRIES, INC.



Principal Place of Business Mailing Address
1519 SE 17TH STREET 1519 SE 17TH STREET
CAPE CORAL FL 33990 CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 1325 SE 23 TERR 26 1325 SE 23 TERR
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 CAPE CORAL, FL 28 CAPE CORAL, FL
Zip Country Zip Country
24 33990 25 LEE 29 33990 30 LEE

3. Date Incorporated or Qualified 3a. Date of Last Report
04/08/1982 08/05/1996
4. FEI Number Applied For
59-2175477 Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BERMAN, NICKY
1519 SE 17TH ST
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name NICKY BERMAN
82 Street Address (P.O. Box Number is Not Acceptable)
1325 SE 23 TERR
83
84 City CAPE CORAL FL 85 Zip Code 33990

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 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 *Nicky Berman Pres* 9/15/97
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	BERMAN, NICKY	1519 SE 17TH ST	CAPE CORAL FL 33990	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	NICKY BERMAN	1325 SE 23 TERR	CAPE CORAL, FL 33990	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby 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 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 as an attachment with an address.

SIGNATURE: *Nicky Berman Pres* 9/15/97 941
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (4/97)