

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90006 006 \*\*\*150.00

DOCUMENT # **F93000001496** ✓

1. Corporation Name

**DIMENSION CIRCUITS INCORPORATED**

Principal Place of Business

5327 COMMERCIAL WAY, UNIT B110  
SPRINGHILL FL 34607

Mailing Address

5327 COMMERCIAL WAY, UNIT B110  
SPRINGHILL FL 34607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/26/1993**

4. FEI Number

**11-2752212**

Applied For

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 the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANLEY, THOMAS**  
**5327 COMMERCIAL WAY/UNIT B110**  
**SPRINGHILL FL 34607**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **HANLEY, THOMAS**  
STREET ADDRESS **4652 LAKE IN THE WOODS DRIVE**  
CITY-ST-ZIP **SPRINGHILL FL 34607**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE  
NAME **HANLEY, LINDA**  
STREET ADDRESS **4652 LAKE IN THE WOODS DRIVE**  
CITY-ST-ZIP **SPRINGHILL FL 34607**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

**HOWARD OCONEFSKY**  
CERTIFIED PUBLIC ACCOUNTANT  
53 SEARINGTOWN RD.  
SEARINGTOWN, NEW YORK 11507

(516) 484-5487

F93000001496  
595150-90006-6

July 13, 1999

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Dimension Circuits Incorporated  
EIN: 11-2752212  
Form: 1999 form F93000001496

Gentlemen:

As the accountant for the above named taxpayer, I am writing to request that the penalty associated with this form be abated. The taxpayer never received the original form that was due by May 1, 1999. The taxpayer has always filed timely in the past and would have filed this return timely had they received the Annual Report form from you before May 1, 1999.

Sincerely,

  
Howard Ocone, C.P.A.

HAO:gr