Applied For

\$8.75 Additional

Fee Required

Not Applicable

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F98000002616

1. Corporation Name 3D/GROUP, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

240 NORTH FIFTH STREET, SUITE 340 **COLUMBUS OH 43215-2661**

240 NORTH FIFTH STREET. SUITE 340 COLUMBUS OH 43215-2661

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90055 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

05/08/1998

31-0921250

4. FEI Number

City & State	e	City & State		-		6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country `	Zip	Zip Country			8. This corporation owes the current y		- Table
24	25 29 30					Personal Property Tax.	Yes	No
Name and Address of Current Registered Agent						10. Name and Address of New Regis	stered Agent	{
DASCENZO, WILLIAM				81 Name				
201-B TYLER AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)				
SARASOTA FL 34236								
SANASUTA FL 34230				83				
				84	City		85 Zip	Code
					•		FL 📉 🔭	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florid	da Statutes, the a	bove	-named corp	poration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	tions of, Section 607.0	isos, Ftorida Sta	u by i	ille corporation	on's board of directors. Thereby accept the	з арронилоги со го	giotoroa
SIGNATURE	//////	wover_				March-27	1999.	
Signature, typed or printed name of legislated agent and title in Applicable. (NOTE: Registered Agent signature required when reinstating)								
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	DRS IN 12 ☐ Addition
TITLE	PS /			1.1 TITLE				☐ Addition
NAME	COLOSIMO, ANTONIO			1,2 NAME		•		
STREET ADDRESS	5 Die 11011111 111 011 111 0 111 1 1 1 1 1 1			1.3 STREET ADDRESS		·		
CITY-ST-ZIP	COLUMBUS OH 43215-2661			ITY-ST	-ZIP			
ΠτLE		☐ DE	ELETE 2.1 T	TFLE			Change	☐ Addition }
NAME		•	2.2 N	AME				1
STREET ADDRESS	•		2.3 9	TREET	ADDRESS			
~CITY-ST-ZIP * 😤	a <u>a see a s</u>	<u>. بي منت </u>		CITY-S	T-ZIP		<u></u>	
TITLE		□ DE	ELETE 3.1 T	TLE			Change	☐ Addition
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TITLE		. DE	LETE 4.1 T	TILE			Change	☐ Addition
NAME			4.21	WAME	Ì			
STREET ADDRESS			4.3 \$	TREET	ADDRESS			,
CITY-ST-ZIP	*		4.4 0	TY-\$1	r-ZIP			
TITLE		□ DE	ELETE 5.1 T	TILE			Change	Addition
NAME			5.2 N	AME				ł
STREET ADDRESS	1		5.3 9	TREET	ADORESS	.		
CITY-ST-ZIP			5.4 0	TY-ST	r-zip			
TITLE		□ DE	ELETE 6.1 T	TILE			☐ Change	Addition
NAME			6.2 N	AME				.
STREET ADDRESS			6.3 5	TREET	ADDRESS			
CITY-ST-ZIP			6.4 0	ITY-ST	r-zip			

14. I hereby certify that the information supplied with this filling 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 suppliemental 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

Dayling Priorie #

CR2E034 (1.1/98)