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May 13 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 # **H28937** **(1)**

1. Corporation Name
MULTI-DIMENSIONAL INTERNATIONAL CONSULTANTS, INC

Principal Place of Business	Mailing Address
~~100 CARRIAGE LAMP WAY~~ PONTE VEDRA FL 32082 US	~~100 CARRIAGE LAMP WAY~~ PONTE VEDRA FL 32082-1903 US

3. Date Incorporated or Qualified: 11/06/1984
3a. Date of Last Report: 07/26/1996

2. Principal Place of Business
21 221 Deer Haven Drive
22 Suite, Apt. #, etc.
23 City & State: Ponte Vedra Beach FL
24 Zip: 32082 25 Country: US

2a. Mailing Address
26 221 Deer Haven Drive
27 Suite, Apt. #, etc.
28 City & State: Ponte Vedra Beach, FL
29 Zip: 32082 30 Country: US

4. FEI Number: 59-2516027 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
LEMASTERS, D. L.
~~100 CARRIAGE LAMP WAY~~
~~SUITE #14~~
PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 221 Deer Haven Drive
83
84 City: Ponte Vedra Beach FL 85 Zip Code: 32082

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	LEMASTERS, D. LARRY		1.2 NAME	
STREET ADDRESS	~~100 CARRIAGE LAMP WAY~~		1.3 STREET ADDRESS	221 Deer Haven Drive
CITY-ST-ZIP	PONTE VEDRA FL		1.4 CITY-ST-ZIP	Ponte Vedra, Fl 32082
TITLE	VST	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILEY, JOSEPH L.		2.2 NAME	
STREET ADDRESS	14001 TARN HILL PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLIFTON VA		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: _____ 4/30/97 (904)280-1472