

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

000796

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90165 016 \*\*\*635.00

DOCUMENT # H36007

1. Corporation Name

NEW DIMENSION CONSTRUCTION COMPANY, INC.

Principal Place of Business

5380 N. OCEAN DR.  
APT 11H  
SINGER ISLAND FL 33404  
US

Mailing Address

616 MAIN ST  
SUITE 630  
JOHNSTOWN PA 15901  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1984

4. FEI Number

59-2492422

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 Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 ~~616 MAIN ST~~  
Suite, Apt. #, etc. 17331 SW 61 CT

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 FT. LAUDERDALE FL

24 Zip 33331 Country 25 USA

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

PENROSE, GILBERT  
4100 N. OCEAN DR  
APT 803  
SINGER ISLAND FL 33404

10. Name and Address of New Registered Agent

81 Name Gilbert Penrose

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

17331 SW 61 CT

83

84 City FT LAUDERDALE FL 85 Zip Code 33331

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

3-5-99

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE  
NAME PENROSE, GILBERT  
STREET ADDRESS 5380 N. OCEAN DR. APT 11H  
CITY-ST-ZIP SINGER ISLAND FL 33404

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME Penrose Gilbert  
1.3 STREET ADDRESS 17331 SW 61 CT  
1.4 CITY-ST-ZIP FT LAUDERDALE FL 33331

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

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

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-99 954-434-6781

Date

Daytime Phone #

CR2E034 (11/98)