

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L91400** (6)

1. Corporation Name

INTERFACE DIMENSIONS, INC.



Principal Place of Business

Mailing Address

**2830 NW 41ST ST SUITE J
GAINESVILLE FL 32606**

**3219 NW 57TH TERRACE
GAINESVILLE FL 32606-6941
US**

2. Principal Place of Business

21 **5840 N. Hwy 441**

Suite, Apt. #, etc.

22

City & State

23 **Ocala, FL**

Zip

24 **34475**

Country

25 **Marion**

2a. Mailing Address

26 **5840 N. Hwy 441**

Suite, Apt. #, etc.

27

City & State

28 **Ocala, FL**

Zip

29 **34475**

Country

30 **Marion**

3. Date Incorporated or Qualified

08/01/1990

3a. Date of Last Report

07/28/1995

4. FEI Number

59-3021173

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

**BHUPENDRA, SHAH O
3219 NW 57TH TERRACE
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

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 the corporation

Date of Registered Agent signature and date of filing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP
SHAH, BHUPENDRA O**
STREET ADDRESS **3219 N.W. 57TH TER**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE

NAME **DST
SHAH, URVASHI B**
STREET ADDRESS **3219 NW 57TH TER**
CITY-ST-ZIP **GAINESVILLE FL**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Bhupendra O. Shah
Bhupendra O. Shah
PRESIDENT

President 4-19-96
DATE

368-1714
Daytime Phone #

CR2E034 (12/95)