

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

FILED

Apr 21 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 # P93000001705 (1)

1. Corporation Name:
MONACO & MONACO, P.A.

Principal Place of Business

801 NW 57TH STREET
GAINESVILLE FL 32605

Mailing Address

801 NW 57TH STREET
GAINESVILLE FL 32605-6416

3. Date Incorporated or Qualified

01/01/1993

3a. Date of Last Report

03/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-3159252

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

MONACO, TOBY S
901 NW 57TH STREET
GAINESVILLE FL 32605

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	MONACO, TOBY S	5901 NW 62ND TERRACE	GAINESVILLE FL	<input type="checkbox"/>
SD	MONACO, LYNN E	5901 NW 62ND TERRACE	GAINESVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0066500

CR2E034 (9/96)

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1997



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

DOCUMENT # F93000004243 (2)

1. Corporation Name
INFORMATION DIMENSIONS, INC.



Principal Place of Business
5080 TUTTLE CROSSING BOULEVARD
DUBLIN OH 43017

Mailing Address
5080 TUTTLE CROSSING BOULEVARD
DUBLIN OH 43016-1534

3. Date Incorporated or Qualified
09/17/1993

3a. Date of Last Report
04/15/1996

4. FEI Number
87-0374788

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

2. Principal Place of Business
21 6600 Frantz Road
Suite, Apt. #, etc.
22 City & State
23 Dublin, OH
Zip
24 43016

2a. Mailing Address
26 6600 Frantz Road
Suite, Apt. #, etc.
27 PO Box 8007
City & State
28 Dublin, OH
Zip
29 43016

Country
30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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	PCEO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORQUER, M W	1.2 NAME	
STREET ADDRESS	5080 TUTTLE CROSSING BLVD	1.3 STREET ADDRESS	6600 Frantz Road
CITY-ST-ZIP	DUBLIN OH	1.4 CITY-ST-ZIP	Dublin OH 43016
TITLE	D	2.1 TITLE	Director, COB
NAME	TROTIER, DONALD L	2.2 NAME	Russell, Ralph E.
STREET ADDRESS	2621 DORSET RD	2.3 STREET ADDRESS	6565 Frantz Road
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	Dublin, OH 43017
TITLE	S	3.1 TITLE	Secretary
NAME	LOWENSTAM, SUSAN G.	3.2 NAME	Houfek, James T.
STREET ADDRESS	6565 FRANTZ ROAD	3.3 STREET ADDRESS	6565 Frantz Road
CITY-ST-ZIP	DUBLIN OH	3.4 CITY-ST-ZIP	Dublin, OH 43017
TITLE	T	4.1 TITLE	
NAME	SCHWIETERMAN, RICK	4.2 NAME	
STREET ADDRESS	6565 FRANTZ ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43017-3395	4.4 CITY-ST-ZIP	
TITLE	DCOB	5.1 TITLE	Director
NAME	SMITH, K. WAYNE	5.2 NAME	
STREET ADDRESS	6565 FRANTZ ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	Director
NAME	MUCCINO, DONALD J	6.2 NAME	Wolpert, Ann J.
STREET ADDRESS	6565 FRANTZ ROAD	6.3 STREET ADDRESS	6565 Frantz Road
CITY-ST-ZIP	DUBLIN OH 43017-3395	6.4 CITY-ST-ZIP	Dublin, OH 43017

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rick J. Schwieterman
Treasurer

Date

Daytime Phone #

0506196

CR2E034 (9/96)