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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000001705 (1)

MONACO & MONACO, P.A.

FILED Apr 21 1997 8:00am Secretary of State



Principal Place 801 NW 57TH S GAINESVILLE F	STREET	Mailing Address 901 NW 57TH STREET GAINESVILLE FL 32805-6416						
					3. Date Incorporated or Qualified		ate of Last F	leport
Ocean mal file	ace of Business	2a. Mailing Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01/01/1993 4. FEI Number	<u> </u>	/18/1996	
	Sec of Brightiss	}ı			N .)	oplied For ot Applicable
Suite, Apt #	# etc	Suite, Apt. #, etc.			59-3159252			Additional
22	.,	27			6. Certificate of Status Desired			equired
City & State)	City & State			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	\$5.00	Мау Ве
23		28			Trust Fund Contribution Added to Fees			
Ζιρ	Country	Zip	Co	ıntry	8. This corporation has liability for		_	. 199,032,
24	25	29	30	·	Florida Statutes		No No	
	9. Name and Address of Curren	t Hegistered Agent		81 Name	10. Name and Address of New F	tegistered	Agent	
	VACO, TOBY S			OT TABLE				
	NW 57TH STREET			82 Street Add	fress (P.O. Box Number is Not Accept	able)		
GAII	NESVILLE FL 32805			83				
				84 City		FL	85 Zip	Code
SIGNATURE	Signature type for photod name of togistered age OFFICERS ANI	O DIRECTORS	TE: Registere	nd Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND		
TITLE	PD	☐ DELETE	1.1 1	ΠLE			Change	☐ Addition
NAME	MONACO, TOBY S		1.2 }	AME				
STREET ADDRESS	5901 NW 62ND TERRACE		1.3 \$	TREET ADDRESS				
CHY-SI-ZIP	GAINESVILLE FL	T BELETE		ITY-ST-ZIP			Change	Addition
TIT::E	SD LYNN E	DELETE	211				Change	L_1 Munition
NAME OTOGET ASSOCIATE	MONACO, LYNN E 5901 NW 62ND TERRACE		221	TREET ADDRESS				
STREET ADORESS	GAINESVILLE FL			CITY-ST-ZIP	-	: :=		
CHY-ST ZIF THEF	OVINEOTICE TE	☐ DELETE	311				Change	Addition
NAM!			3.21	IAME [
STREET ADDRESS		•	3.3 9	TREET ADDRESS				
CHY+ST-ZIP			3.4	CITY-ST-ZIP				
THE		☐ DELETE	4.11	ITLE			☐ Change	Addition
NAME			4 2	NAME				
STREET AUDRESS				TREET ADDRESS				
Crin St Zie		DELETE		STY-ST-ZIP			Change	Addition
I I I I I I I I I I I I I I I I I I I		FTI DECEIF	5.11		•		Change	r-1 Modition
NAME CTUELS ASSUESS				IAME TREET ADDRESS				
STAGET ACORESS			- 1	CITY-\$T-ZIP				
CHY-SI-ZIP TITLE		DELETE	6.1 1		······································		☐ Change	Addition
NAME			1	IAME			3	
STREET ADDRESS				TREET ADDRESS				
CHY \$1-7P			1	CITY-ST-ZIP				
14. I do herel	by certify that the information supplie	d with this filing does not qua	lify for the	exemption state	ed in Section 119.07(3)(i), Florida Statu	ites. I furthe	or certify tha	the

Information including on this armula report or supplemental annual report is true and accurate and that my signature shall have the same legal affect as if made under or Lam an officer or chrector 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 charged, or on an attachment with an address.

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PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997 DOCUMENT # F930000	Secretary of DIVISION OF COF		NS							
INFORMATION DIMENSIONS, INC.	104240 (E)			 	Dank si nn bish sidh bish bish hik il	111				
Principal Place of Business 5080 TUTTLE CROSSING BOULEVARD DUBLIN OH 43017	Mailing Address 5060 TUTTLE CROSSING BOULEVARD DUBLIN OH 43016-1534									
				3. Date Incorporated or Qualified 09/17/1993	3a. Date of Last Report 04/15/1996					
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied					
21 6600 Frantz Road	26 6600 Frantz Road			87-0374788	Not Apr					
Suite, Apt. #, etc	Suite, Apt. #, etc. 27 PO Box 8007			5. Certificate of Status Desired	\$8.75 Additi					
City & State	City & State 28 Dublin OH			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fe	Be				
23 Dublin, OH Country	Zip Country Zip Co				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
9. Name and Address of Current I	Registered Agent			10. Name and Address of New Re	gistered Agent					
C T CORPORATION SYSTEM		81	Name							
1200 SOUTH PINE ISLAND ROAD		82	82 Street Address (P.O. Box Number is Not Acceptable)							
PLANTATION FL 33324		83								
	•	83								
		} }	City		FL 85 Zip Code					
 Pursuant to the provisions of Sections 607,0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	and 607.1508, Florida Statutes, Florida: Such change was authons of, Section 607.0505, Florid	the above- norized by fa la Statutes.	named corporation	pration submits this statement for the poor's board of directors. I hereby accept	ourpose of changing its reg of the appointment as regis	istered tered				
SIGNATURE Signature: typed or printed name of registered agrint a				d when reinstating)	DATE					
12. OFFICERS AND I		13.	signature require	ADDITIONS/CHANGES TO OFFIC		12				
Till PCEO			 			Addition				
FORQUER, M W		1.2 NAME								
STREET ADDRESS 5080 TUTTLE CROSSING BLVD	1.3 STREET A	DORESS 660	00 Frantz Road							
CITY-ST-ZIF DUBLIN OH		1.4 CITY-ST-		olin OH 43016						
Title D	X DELETE	2.1 TITLE		irector, COB	☐ Change 🔀	Addition				
NAME TROTIER, DONALD L		2.2 NAME	R	ussell, Ralph E.						

IN 12 Addition X Addition 6565 Frantz Road STREET ACKRESS 2621 DORSET RD 2.3 STREET ADDRESS COLUMBUS OH Dublin, OH 43017 2 4 CITY-ST-ZIP CITY - ST - ZIP X DELETE Change X Addition 3.1 TITLE TITLE Secretary LOWENSTAM, SUSAN G. 3.2 NAME NAME Houfek, James T. 6565 FRANTZ ROAD 3 3 STREET ADDRESS STREET ADDRESS 6565 Frantz Road **DUBLIN OH** 3.4. CITY-ST-ZIP Dublin. OH 43017 City-ST-ZIP Change DELETE ☐ Addition 4.1 TITLE TITLE SCHWIETERMAN, RICK NAME 4. 2 NAME 6565 FRANTZ ROAD STREET ADDRESS 4.3 STREET ADDRESS **DUBLIN OH 43017-3395** CHY-ST-ZIP 4.4 CITY-ST-ZIP DCOB DELETE Director X Change Addition 5.1 TITLE THE SMITH, K. WAYNE 5.2 NAME NAM 5 6565 FRANTZ ROAD 5.3 STREET ADDRESS STREET ADDRESS DUBLIN OH 5.4 CITY-ST-ZIP CHY-ST-7IP DELETE 6.1 TITLE Change **X** Addition TITLE Director MUCCINO, DONALD J NAMÉ 6.2 NAME Wolpert, Ann J. 6565 FRANTZ ROAD STREET ADDRESS 6.3 STREET ADDRESS 6565 Frantz Road **DUBLIN OH 43017-3395** City-St-ZiP

6.4 CITY-ST-ZIP

Dublin OH 43017

Third with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the x supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that bright receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name order on an attachment with an address. 14. I do hereby certily that the information entitled information indicated on the annual report I am an officer or director of the corporation appears in Block 12 or Block 13 if charge

SIGNATURE:

Rick J. Schwieterman
Treasurer
Treasurer

0608198

96/6)