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FILED
Aug 18 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 # P94000050058 (4)

1. Corporation Name

EIGHTH DIMENSION, INC.

Principal Place of Business

227 NORTH MAGNOLIA AVE
ORLANDO FL 32801-1805
US

Mailing Address

PO BOX 1909
SUITE 205
ORLANDO FL 32802-1909
US

3. Date Incorporated or Qualified
06/28/1994

3a. Date of Last Report
05/01/1996

4. FEI Number

59-3251420

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

HAMILTON, S. T III
924 NORTH MAGNOLIA AVENUE
SUITE 317
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

Thomas W. Hansel

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

227 N. Magnolia Ave 205

83

84 City

Orlando

FL

85 Zip Code

32801

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

Thomas W. Hansel

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/9/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

DCSV
NAME CASSETTA, DAVID
STREET ADDRESS 384 CELLO DR
CITY-ST-ZIP WINTER SPRINGS FL

TITLE ☐ DELETE

DCTV
NAME CURTIS, WILLIAM J
STREET ADDRESS 12 E HARVARD ST, STE B
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

DVPS
NAME DONALDSON, MICHAEL
STREET ADDRESS 721 OAK STREET
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

DVPS
NAME LENTZ, GREG
STREET ADDRESS 2114 DONEGAN PLACE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

DCP
NAME MITCHELL, GERALD
STREET ADDRESS 524 EAST CHURCH STREET, STE 1
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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: L. M. McCall B 1252 4074204669

CP2E034 (9/96)