

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:25

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056061 (2)

1. Corporation Name

THE FINAL DIMENSION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
206 HIGHWAY A1A SATELLITE BEACH FL 32937		206 HIGHWAY A1A SATELLITE BEACH FL 32937	
2. Number of Officers and Directors		3. Date incorporated or created	
21		07/28/1994	
22. State, Apt. # etc.		3b. Date of last report	
27			
23. City & State		4. FFI Number	
28		X Applied For Not Applicable	
24. Jan		5. Certificate of Status Desired	
25		[] \$8.75 Additional Fee Required	
29. Zip		6. Election Campaign Financing Trust Fund Contribution	
30		[] \$5.00 May Be Added to Fees	
		7. This corporation has liability for and pays the fee under 6. 1001.019 Florida Statutes	
		[X] Yes [] No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JOHNSON, RANDY 206 HIGHWAY A1A SATELLITE BEACH FL 32937		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 607.0507 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 _____
Registered Agent or Registered Agent/Registered Agent/Registered Agent

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	[] Change [] Addition
NAME	STREET ADDRESS	2. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	3. STREET ADDRESS	
TITLE	NAME	4. CITY, ST, ZIP	[] Change [] Addition
NAME	STREET ADDRESS	5. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	6. STREET ADDRESS	
TITLE	NAME	7. CITY, ST, ZIP	[] Change [] Addition
NAME	STREET ADDRESS	8. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	9. STREET ADDRESS	
TITLE	NAME	10. CITY, ST, ZIP	[] Change [] Addition
NAME	STREET ADDRESS	11. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	12. STREET ADDRESS	
TITLE	NAME	13. CITY, ST, ZIP	[] Change [] Addition
NAME	STREET ADDRESS	14. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	15. STREET ADDRESS	
TITLE	NAME	16. CITY, ST, ZIP	[] Change [] Addition
NAME	STREET ADDRESS	17. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	18. STREET ADDRESS	
TITLE	NAME	19. CITY, ST, ZIP	[] Change [] Addition
NAME	STREET ADDRESS	20. NAME	
CITY, ST, ZIP	CITY, ST, ZIP	21. STREET ADDRESS	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07, Florida Statutes. I further certify that the information included in 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 registered agent or trustee empowered to receive this report as required by chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as appropriate, consistently printed with an address.

SIGNATURE: Randy Johnson Randy Johnson 4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR