**CORPORATION** ANNUAL REPORT

1997

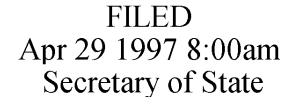


Sandra B. Morti

Secretary of Sta DIVISION OF CORPO

DOCUMENT # P95000023431 (6)

MULTI-DIMENSIONAL SOLUTIONS, INC.





Principal Place	DRIVE	Mailing Address 8015 CARDINAL DRIVE	8015 CARDINAL DRIVE					
TAMPA FL 3361	17	TAMPA FL 33617-7627			3. Date Incorporated or Qualified 03/21/1995	3a. Date of		port
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	09/27/19		plied Cor
21	ace of Frasinasa	26			59-3344230	-		plied For LApplicable
Sune. Adt	#, etc.	Suite, Apt. #, etc.	·		5. Certificate of Status Desired	□ \$8		dditional
22	<u> </u>	27]				F	Fee Rec	
City & State	3	City & State			6. Election Campaign Financing Trust Fund Contribution		<b>5.00</b> i k <b>d</b> ded to	May Be
Zip	Country	Zip	Country		8. This corporation has liability for is			
24	25	29]	30		Florida Statutes	Yes 🔲 No		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Reg	Istered Agent	<u> </u>	
TAYLOR, EVELYN 8015 CARDINAL DRIVE								
TAMPA FL 33617				Street Addr	et Address (P.O. Box Number is Not Acceptable)			
77 1111			83					
			84	Cily		85	Zip C	`nda
			Ī	,		FL	-	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Stalules	S.	oration submits this statement for the p ion's board of directors. I hereby accep	t the appointment	ent as r	registered
12,	Signature, typind or printed name of regercrest aper OFFICERS AND	the second secon	TE Registered Age	nt signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	CTOR	C IN 10
TITLE	OFFICERS AND	DELETE	1.1 THLE		ADDITIONS/CHANGES TO OFFIC		hange	Addition
NAME	TAYLOR DUNBAR, EVELYN		1.2 NAME					
STREET ADDRESS	8015 CARDINAL DRIVE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33617	· · · · · · · · · · · · · · · · · · ·	1.4 City - S	1-7IP		<del></del>		
TITLE		☐ DELFTE	2.1 TITLE			L C	hange	Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET	ADODECC				
CITY-ST-ZIP			2 4 CITY - 1					
TITLE		DELETE	3 . 14/11			C	hange	Addition
NAME			3.2 NAME					
STREET ADDRESS			3 3 STREET	ADDRESS				
CITY-ST-ZIP		T DELETE	3.4. C(1Y-	ST- ZIP			·	Addition
TITLE		L_I DELET€	4 : 1/1LE 4 : 2 NAME			1 €	hange	Addition
NAME STREET ADDRESS			4 2 NAME 4 3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S					
TITLE		☐ DELETE	5 1 1III.E			□ C	hange	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 \$1RE61	ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CHY- S	1-76				
TITLE		☐ DELETE	61 TITLE			□ €	hange	
NAME			6.2 NAME	1000.00				
STREET ADDRESS			6.3 STREET					
CITY-ST-ZIP	by early that the information and like	Luit, this tillus days and our	6.4 City - S	I-ZIP	d in Contine (10.07/0)/i) Florida Ciatuta	. I feetbox post	L. Hat I	dia

Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal offect as if made under early 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.