

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **P95000023431 (6)**

1. Corporation Name
MULTI-DIMENSIONAL SOLUTIONS, INC.

Principal Place of Business

**8015 CARDINAL DRIVE
TAMPA FL 33617**

Mailing Address

**8015 CARDINAL DRIVE
TAMPA FL 33617**

FILED
98 JUN -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/21/1995	
21	8015 Cardinal Dr.	26	Suite, Apt. #, etc.	4. FEI Number 59-3344230	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Tampa, Fla.	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33617	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country U.S.A.	30	Country		

9. Name and Address of Current Registered Agent

**TAYLOR, EVELYN
8015 CARDINAL DRIVE
TAMPA FL 33617**

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, type or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **TAYLOR, EVELYN**
STREET ADDRESS **8015 CARDINAL DRIVE**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME **Evelyn Taylor owner**
13 STREET ADDRESS **8015 Cardinal Dr.**
14 CITY-ST-ZIP **Tampa, Fla. 33617**

21 TITLE ☒ Change ☐ Addition
22 NAME **President**
23 STREET ADDRESS **Reginald A. Earl**
24 CITY-ST-ZIP **8015 Cardinal Dr.**
Tampa, Fla. 33617

31 TITLE ☒ Change ☐ Addition
32 NAME **Vice-President**
33 STREET ADDRESS **Roderick A. Earl**
34 CITY-ST-ZIP **8015 Cardinal Dr.**
Tampa, Fla. 33617

41 TITLE ☐ Change ☐ Addition
42 NAME **600002545296--6**
43 STREET ADDRESS **-06/03/98--01009--019**
44 CITY-ST-ZIP ******558.75 ****558.75**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I 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: **Evelyn Taylor**

CR2E034 (10/97)