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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023431

1. Corporation Name

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90160 011 ***150.00

| MULTI-D | imensional solutions | , INC. | | | | | | |
|---|--|--|---------------|-----------------|-------------------------|--|-----------------------------------|---------------|
| Principal Place | of Business | Mailing Address | | | | -1 C LORDALONS LINE ROLLE BOLLA DELLE DOLLA DOLL | # 11 000 11111 0100 | 11161 WE 1681 |
| 8015 CARDINAL DRIVE 8015 CARDINAL DRIVE | | | | | | | | |
| TAMPA FL 33617 TAMPA FL 33617 | | | | | | DO NOT WRITE IN THI | S SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | | 03/21/1995 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | Арі | plied For |
| 21 | | 26 | | | | 59-3344230 | Not | t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | \$8.75 A | dditional |
| 27 | | | | | | 5. Certificate of Status Desired | Fee Red | quired |
| City & State | 9 | City & State | City & State | | | 6. Election Campaign Financing | \$5.00 | |
| 23 | | 28 | | | Trust Fund Contribution | Added to | o Fees | |
| Zip | Country | Zip | _ Count | ry | | 8. This corporation owes the current year le | | |
| 24 | 25 | 29 3 | <u>o</u> | | | Personal Property Tax. | | □No |
| | 9. Name and Address of Curre | ent Registered Agent | —— <u> </u> | al | | 10. Name and Address of New Registerer | J Agent | |
| TAVI OR CICIVN | | | | Name | € | | | |
| TAYLOR, EVELYN | | | 8 | 2 Stree | t Addre | ddress (P.O. Box Number is Not Acceptable) | | |
| 8015 CARDINAL DRIVE TAMPA FL 33617 | | | - | | | | | |
| IAM | PA FL 33017 | | 8 | 13 | | | | |
| | | | 8 | 4 City | | | 85 Zip C | Code |
| | | · | | | | F | | registered |
| office or r | egistered agent, or both, in the Stat | e of Florida. Such change was aut | norizea c | y the cor | a corpo poration | pration submits this statement for the purpose on's board of directors. I hereby accept the app | ointment as rec | gistered |
| agent. I a | m familiar with, and accept the obliq | ations of, Section 607.0505, Florid | la Statute | es. | | | | 1 |
| SIGNATURE | | | | | | when reinstating) DATE | | \ |
| 12. | Signature, typed or printed name of registered a | gent and title if applicable. (NOTE: NOTE: | egistered Ag | gent signature | requirea | when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTO | RS IN 12 |
| TITLE | 0 | DELETE | 1.1 TITLE | <u> </u> | 1 | ABB/HOROGOW WOODO (S. C. | Change | Addition |
| NAME | TAYLOR, EVELYN | | 12 NAME | | | | | |
| | 8015 CARDINAL DRIVE | | | - Eet addres | | | | |
| STREET ADDRESS | | | 1.4 CITY | | | | | |
| CITY-ST-ZIP | Р | ☐ DELETÉ | | | + | | Change | ☐ Addition |
| | · • | | 2.2 NAMI | | | | - · | _ |
| NAME | 8015 CARDINAL DRIVE | uic, reduired n | | EET ADDRES | | | | |
| STREET ADDRESS | | | 2.4 CITY | | " | | | |
| CITY-ST-ZIP TITLE | | | 3.1 TITLE | | + | | Change | Addition |
| NAME | EARL, RODERICK A | | 3.2 NAMI | | | | : | |
| STREET ADDRESS | 8015 CARDINAL DRIVE | | 3.3 STF | | , | | | 1 |
| | TAMPA FL 33617 | | I . | /- ST-ZIP | Ĭ | | | |
| CITY-ST-ZIP TITLE | | | 4.1 TITLE | | | | Change | ☐ Addition |
| NAME | | | 4.2 NAM | 4E | | | | |
| STREET ADDRESS | | | | EET ADDRES | s | | | |
| | | | 4.4 CITY | | - | | | |
| City-St-Zip Title | | ☐ DELETE | 5.1 TITLE | | | | Change | ☐ Addition |
| NAME | | | 5.2 NAM | | | | | |
| STREET ADDRESS | | | 5.3 STRE | EET ADDRES | s | | | |
| | | | 5.4 CITY | -ST-ZIP | | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 6.1 TITLE | | + | | Change | Addition |
| NAME | | | 6.2 NAM | E | | | | |
| | | | l | EET ADDRES | s | | | \ |
| STREET ADDRESS | | | | OT ZID | | | | |

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, with all other like empowered.

SIGNATURE:

4-29-99