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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000040914 (0) **DOCUMENT #**

DIMENSIONS COMMUNICATION AND DESIGN. INC.

Principal Place of Business Mailing Address 9868 SW 14TH STREET 9968 SW 14TH STREET SUITE L-200 SUITE L-200 BOCA BATON FL 33428 BOCA BATON FL 33428 3. Date Incorporated or Qualified 3a Date of Last Record 05/24/1995 4 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 2300 W. COPANS RD 65-0581377 26 2300 W. COPANS Not Applicable Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Γ Fee Required # \$5.00 May Be City & State City & State 6. Election Campaign Financing POMPANO POMPANO BCH Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Country USA USA X Yes ☐ No 30 Elorida Statutes 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GANIN ROBIN JODI B. GREEN, P.A. Address (P.O. Box Number is Not Acceptable) 82 555 SOUTH FEDERAL HIGHWAY 83 SUITE 330, BOCA RATON FL 33432 CUAHOPIE 85 BCH 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the office of Section 607.0505, Florida Statutes SIGNATURE th the Fingstered Ages I signature respired when reliability ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change DELETE Addit on PVD 1.1 THE TITLE ROBIN, GAVIN 1.2 NAME NAME 23411 SERENE MEADOW DRIVE S 1.3 STREET ADORESS STREET ADDRESS **BOCA RATON FL 33428** 14 CiTY - \$1-7iP CITY - ST - ZIP Add tion Change TI DELETE 2 1 TITLE TITLE ROBIN, MANDY 2.2 NAME NAME 23411 SERENE MEADOW DRIVE S 2.3 SEREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-ZIF 2.4 Cilly - \$1 - ZiP ☐ Change ☐ Addition DELFTE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 C-11-ST-ZiP CITY-ST-ZIP Change Change neitibbA 🗍 DELFTE 4 11 LE TITLE 4.2 NAME NAME 4.3 STREET ACORESS STREET ADDRESS 4.4 CiTY - <u>ST-7IP</u> CITY - ST - ZIP Addition ☐ Change □ DELETE 5.1 III.E TILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - S1 - ZIF CITY - ST - ZIP DELETE 6 11 11 6 Change Addit on THILE 6.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS City - ST-7IP 14. To hereby certify that the information supplied with this fing is voluntarily furnished and does not qually for the exemption stated in Section 119 07(3)(k). 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 early, that I am an officer or director of the corporation or the receiver or trustee en powered 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: 🗸

appears in Block 12 or Block 13 if changed, or on an att

LE OF SIGNING OFFICER OR DIRECTOR IGNATURE AND TYPED OR PRIM

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