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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000040914 (0)

1. Corporation Name

DIMENSIONS COMMUNICATION AND DESIGN, INC.



Principal Place of Business

Mailing Address

~~2000 W GOPANS RD~~
~~#3~~
~~POMPANO BEACH FL 33060~~
US

~~2000 W GOPANS RD~~
~~#3~~
~~POMPANO BEACH FL 33060-1200~~
US

2. Principal Place of Business

21 7544 Wiles Road

Suite, Apt. #, etc.

22 Suite 103

City & State

23 Coral Springs, FL

Zip

Country

24 33067-2056

25

2a. Mailing Address

26 7544 Wiles Road

Suite, Apt. #, etc.

27 Suite 103

City & State

28 Coral Springs, FL

Zip

Country

29 33067-2056

30

3. Date Incorporated or Qualified

05/24/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0581377

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBIN, GAVIN

~~2000 W GOPANS RD. #3~~

~~POMPANO BEACH FL 33060~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7544 Wiles Road

83

Suite 103

84 City

Coral Springs,

FL

85 Zip Code

33067

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: 1 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVD ☐ DELETE

NAME ROBIN, GAVIN

STREET ADDRESS 23411 SERENE MEADOW DRIVE S

CITY- ST- ZIP BOCA RATON FL 33428

TITLE ST ☐ DELETE

NAME ROBIN, MANDY

STREET ADDRESS 23411 SERENE MEADOW DRIVE S

CITY- ST- ZIP BOCA RATON FL 33428

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 MARCH 97

(954) 340-9555

Date

Daytime Phone #

CR2E034 (9/96)